

All information collected at this
survey will be treated as strictly
confidential. Individual information
will not be released.

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Demographic And Health Survey

Sri Lanka

2006

**Conducted by the Department of Census and Statistics
for the Ministry of Healthcare and Nutrition
with assistance from the World Bank**

First Three Digits of the Year of Birth	Age Determination Table									
	Last Digit of the Year of Birth									
	0	1	2	3	4	5	6	7	8	9
191.....	97 96	96 95	95 94	94 93	93 92	92 91	91 90	90 89	89 88	88 87
192.....	87 86	86 85	85 84	84 83	83 82	82 81	81 80	80 79	79 78	78 77
193.....	77 76	76 75	75 74	74 73	73 72	72 71	71 70	70 69	69 68	68 67
194.....	67 66	66 65	65 64	64 63	63 62	62 61	61 60	60 59	59 58	58 57
195.....	57 56	56 55	55 54	54 53	53 52	52 51	51 50	50 49	49 48	48 47
196.....	47 46	46 45	45 44	44 43	43 42	42 41	41 40	40 39	39 38	38 37
197.....	37 36	36 35	35 34	34 33	33 32	32 31	31 30	30 29	29 28	28 27
198.....	27 26	26 25	25 24	24 23	23 22	22 21	21 20	20 19	19 18	18 17
199.....	17 16	16 15	15 14	14 13	13 12	12 11	11 10	10 09	09 08	08 07
200.....	07 06	06 05	05 04	04 03	03 02	02 01	01 00	00 00		

DEMOGRAPHIC AND HEALTH SURVEY 2006/7
HOUSEHOLD QUESTIONNAIRE

Name of Country : Sri Lanka

Name of Organization : Department Of Census & Statistics.

IDENTIFICATION				
Cluster No : _____ Unique Household Number within the Cluster: _____ Province & District : _____ D.S. Division : _____ Sector (Urban/ Rural/ Estate) : _____ G.N. Division : _____ Ward/Village/Estate : _____ Census Block Number (PSU) : _____ Housing Unit Number (SSU): _____ Listing was done using (F1=1, RF1=2, Camps=3): _____ Tsunami affected housing unit or not (Affected = 1, Not affected = 2) _____ Household Number Within the Housing Unit : _____ Name of Household Head : _____	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"> <!-- Grid representation --> </div> <p align="right" style="font-size: small;">(* For office use only)</p>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE INTERVIEWER'S NAME RESULT*	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	DAY MONTH YEAR INT. NUMBER FINAL RESULT
NEXT VISIT: DATE TIME	 	 		TOTAL NUMBER OF VISITS
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div align="center" style="font-size: small;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD TOTAL ELIGIBLE WOMEN IN HOUSEHOLD LINE NO. OF RESPONDENT QUESTIONNAIRE
COUNTRY-SPECIFIC INFORMATION: Language of Questionnaire : <input type="checkbox"/> Native language of Respondent : <input type="checkbox"/> Language of Interview : <input type="checkbox"/> Sinhala =1 Tamil =2 English =3 Translator used : Yes 1 No 2				<p align="center" style="font-size: small;">NOW RECORD THE TIME IN 24 HOURS TIME.</p> HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
GIS Information				
GIS 1 Operator name and number : _____ GIS 2 Day/Month/Year of measurement : <div style="display: inline-block; border: 1px solid black; padding: 2px;"> D D M M Y Y Y Y </div> GIS 3 Waypoint name : <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> GIS 4 Latitude : _____ (N) <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> GIS 5 Longitude : _____ (E) <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>				NO. <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> Degrees <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> Decimals <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>
NAME _____ DATE _____	NAME _____ DATE _____		NAME _____ DATE _____	NAME _____ DATE _____

SECTION A - HOUSEHOLD SCHEDULE

DEMOGRAPHIC CHARACTERISTICS										ALL PERSONS		ELIGIBILITY	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH & AGE		MARITAL STATUS	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER 5 = MARRIED BUT NOT IN UNION	NON COMMUNICABLE DISEASES		Circle line number of all eligible women (Code 1 in col. 5 or 6 & 2001 code 1,2,3 in col. 9 & age 15-49)	Circle line number of all children born after January 2001
				Does (NAME) usually live here?	Did (NAME) stay here last night?	Record the year and month of birth (If does not know estimate only the year and put '00' for the month)	Age as at last birthday if less than 1 year record '00'			Currently is (Name) taking regular drugs for any of the following diseases? A = Heart diseases B = Hypertension/Blood Pressure C = Asthma/Wheezing D = Stroke E = Diabetes F = Cancer	What is the disease (name) suffering from ? CIRCLE RELEVANT CODE/CODES ACCORDING TO THE CODES IN COLUMN 10A		
(1)	(2)	(3)	(4)	(5)	(6)	(7)		(8)	(9)	(10A)	(10B)	(11)	(12)
01			M F 1 2	Y N 1 2	Y N 1 2	YEAR MONTH [][][][]	YEARS [][]		Y N DK 1 2 8 GO TO 11	A B C D E F	01	01	
02			1 2	1 2	1 2	[][][][]	[][]		1 2 8 GO TO 11	A B C D E F	02	02	
03			1 2	1 2	1 2	[][][][]	[][]		1 2 8 GO TO 11	A B C D E F	03	03	
04			1 2	1 2	1 2	[][][][]	[][]		1 2 8 GO TO 11	A B C D E F	04	04	
05			1 2	1 2	1 2	[][][][]	[][]		1 2 8 GO TO 11	A B C D E F	05	05	
06			1 2	1 2	1 2	[][][][]	[][]		1 2 8 GO TO 11	A B C D E F	06	06	

LINE NO.	EDUCATION						IF AGE 0-17 YEARS			ALL FEMALES IN THE AGE GROUP 11-44			IF AGE 5-17 YEARS			FOR CHILDREN BORN AFTER JANUARY 2001	
	IF AGE 5 YEARS OR OLDER		IF AGE 5-22 YEARS				SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS			RUBELLA VACCINE (GERMAN MEASLES)			BASIC MATERIAL NEEDS			BIRTH REGISTRATION	
	Has (NAME) ever attended school/pre school?	What is the highest level of education of (NAME) (COMPLETED) SEE CODES BELOW.	Did (NAME) attend school/pre school at any time during the school year of 2006	Since last (day of the week), how many days did (NAME) attend school/pre school?	During this school year, what grade [s/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school/pre school at any time during the previous school year, that is, 2005	During that school year, what grade did (NAME) attend? SEE CODES BELOW.	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this household?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household?	Has (name) ever received an injection to protect from rubella or German measles	Does (NAME) have enough books?	Does (NAME) have a pair of shoes or pair of slippers?	Does (NAME) have at least two sets of uniforms	Does (NAME) have a birth certificate?	
01	Y N DK 1 2 8 GO TO 20		Y N DK 1 2 8 GO TO 18		GRADE 1 2 8 GO TO 20	Y N DK 1 2 8 GO TO 20	Y N DK 1 2 8 GO TO 22	Y N DK 1 2 8 GO TO 24	Y N DK 1 2 8 GO TO 24					Y N DK 1 2 8 1 2 8	Y N DK 1 2 8 1 2 8		
02	1 2 8 GO TO 20		1 2 8 GO TO 18			1 2 8 GO TO 20	1 2 8 GO TO 22	1 2 8 GO TO 24	1 2 8 GO TO 24					1 2 8 1 2 8	1 2 8 1 2 8		
03	1 2 8 GO TO 20		1 2 8 GO TO 18			1 2 8 GO TO 20	1 2 8 GO TO 22	1 2 8 GO TO 24	1 2 8 GO TO 24					1 2 8 1 2 8	1 2 8 1 2 8		
04	1 2 8 GO TO 20		1 2 8 GO TO 18			1 2 8 GO TO 20	1 2 8 GO TO 22	1 2 8 GO TO 24	1 2 8 GO TO 24					1 2 8 1 2 8	1 2 8 1 2 8		
05	1 2 8 GO TO 20		1 2 8 GO TO 18			1 2 8 GO TO 20	1 2 8 GO TO 22	1 2 8 GO TO 24	1 2 8 GO TO 24					1 2 8 1 2 8	1 2 8 1 2 8		
06	1 2 8 GO TO 20		1 2 8 GO TO 18			1 2 8 GO TO 20	1 2 8 GO TO 22	1 2 8 GO TO 24	1 2 8 GO TO 24					1 2 8 1 2 8	1 2 8 1 2 8		

SECTION B - HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B1	<p>What is the main source of drinking water for members of your household?</p> <p>CIRCLE THE RELEVANT CODE</p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PUBLIC TAP 13</p> <p>TUBE WELL 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>BOWSER 61</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	
B2	<p>What is the main source of water used by your household for other purposes such as cooking and handwashing?</p> <p>CIRCLE THE RELEVANT CODE</p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PUBLIC TAP/STANDPIPE 13</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>BOWSER 61</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	
B3	Where is that source of drinking water located?	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	<input type="checkbox"/> → B6
B4	How long does it take to go there, get water, and come back?	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
B5	<p>Who usually goes to this source to fetch the water for your household?</p> <p>CIRCLE THE RELEVANT CODE</p>	<p>FEMALE CHILD /ADULT WOMEN</p> <p>15 YEARS OR OVER 15 YEARS 1</p> <p>MALE CHILD /ADULT MAN</p> <p>15 YEARS OR OVER 15 YEARS 2</p> <p>FEMALE CHILD</p> <p>UNDER 15 YEARS 3</p> <p>MALE CHILD</p> <p>UNDER 15 YEARS 4</p>	
B6	Do you do anything to the water to make it safer to drink?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<input type="checkbox"/> → B8

NO.	QUESTIONS AND FILTERS	CODING CATAGORIES	SKIP																											
B7	<p>What do you usually do to make the water safer to drink?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>BOIL A</p> <p>ADD BLEACH/CHLORINE B</p> <p>STRAIN THROUGH A CLOTH C</p> <p>USE WATER FILTER D</p> <p>SOLAR DISINFECTION (SODIS) E</p> <p>LET IT STAND AND SETTLE F</p> <p>OTHER X</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW Z</p>																												
B8	<p>What kind of toilet facility do members of your household usually use?</p> <p>CIRCLE THE RELEVANT CODE</p>	<p>FLUSH OR POUR FLUSH TOILET</p> <p>FLUSH TO PIPED SEWER SYSTEM 11</p> <p>FLUSH TO SEPTIC TANK 12</p> <p>FLUSH TO PIT LATRINE 13</p> <p>FLUSH TO SOMEWHERE ELSE 14</p> <p>FLUSH, DON'T KNOW WHERE 15</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED</p> <p>PIT LATRINE 21</p> <p>PIT LATRINE WITH SLAB 22</p> <p>PIT LATRINE WITHOUT SLAB/ OPEN PIT 23</p> <p>COMPOSTING TOILET 31</p> <p>BUCKET TOILET 41</p> <p>NO FACILITY/BUSH/FIELD 61</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p>	<p>→ B9</p> <p>→ B11</p>																											
B9	Do you share this toilet facility with other households?	<p>YES 1</p> <p>NO 2</p>	→ B11																											
B10	How many households use this toilet facility?	<p>NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text"/> <input type="text"/></p> <p>10 OR MORE HOUSEHOLDS 95</p> <p>DON'T KNOW 98</p>																												
B11	<p>Does your household have:</p> <p>A Watch ?</p> <p>Electricity?</p> <p>Solar Power</p> <p>A radio?</p> <p>A television?</p> <p>A mobile telephone?</p> <p>A non-mobile telephone?</p> <p>A refrigerator?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td>1</td> <td>2</td> </tr> <tr> <td>ELECTRICITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOLAR POWER</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOBILE TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>NON-MOBILE TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	ELECTRICITY	1	2	SOLAR POWER	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE	1	2	REFRIGERATOR	1	2	
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REFRIGERATOR	1	2																												
B12	<p>What type of fuel does your household mainly use for cooking?</p> <p>CIRCLE THE RELEVANT CODE</p>	<p>ELECTRICITY 01</p> <p>LPG 02</p> <p>KEROSENE 03</p> <p>WOOD 04</p> <p>NO FOOD COOKED IN HOUSEHOLD 05</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p>	→ B17																											
B14	For your cooker/stove is there are chimney or cooker hood to allow smoke to be eliminated out side ?	<p>CHIMNEY MADE OF BRICKS 1</p> <p>MODERN CHIMNEY 2</p> <p>NO CHIMNEY 3</p>																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
B15	Is the cooking usually done in the home, in the separate building, temporary hut or out doors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 TEMPORARILY HUT 3 OUT DOORS 4 OTHER 6 (SPECIFY)	→ B17																					
B16	Do you have a separate room which is used as a kitchen?	YES 1 NO 2																						
B17	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION. CIRCLE THE RELEVANT CODE.	NATURAL FLOOR SAND 11 DUNG/EARTH 12 RUDIMENTARY FLOOR WOOD PLANKS 21 BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES/TERASO 33 CEMENT/CONCRETE 34 OTHER 96 (SPECIFY)																						
B18	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION. CIRCLE THE RELEVANT CODE.	NATURAL ROOFING STRAW/PALM LEAF/CADJAN/ILUCK ... 12 RUDIMENTARY ROOFING CARDBOARD/CARTON 24 FINISHED ROOFING METAL/TINSHEET/TAR SHEETS 31 TILES 34 CEMENT/CONCRETE 35 ASBESTOS 37 OTHER 96 (SPECIFY)																						
B19	MAIN MATERIAL OF THE EXTERIOR WALLS. CIRCLE THE RELEVANT CODE.	NATURAL WALLS CADJAN/PALM/TRUNKS 12 RUDIMENTARY WALLS BAMBOO WITH MUD 21 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 FINISHED WALLS BRICKS WITH LIME/CEMENT BRICKS 32 CEMENT BLOCKS 34 COVERED ADOBE 35 OTHER 96 (SPECIFY)																						
B20	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/>																						
B21	Does any member of this household own: (For the member who have <u>permanent residence</u> in this house hold) A bicycle? A motorcycle or motor scooter? A trishow ? A tractor or land master ? A motor car/Van/Bus/Lorry ? A boat with a motor?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>BICYCLE 1</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER 1</td><td>1</td><td>2</td></tr> <tr> <td>TRISHOW 1</td><td>1</td><td>2</td></tr> <tr> <td>TRACTOR/LAND MASTER 1</td><td>1</td><td>2</td></tr> <tr> <td>MOTOR CAR/VAN/BUS/LORRY ... 1</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH MOTOR 1</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	BICYCLE 1	1	2	MOTORCYCLE/SCOOTER 1	1	2	TRISHOW 1	1	2	TRACTOR/LAND MASTER 1	1	2	MOTOR CAR/VAN/BUS/LORRY ... 1	1	2	BOAT WITH MOTOR 1	1	2	
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BOAT WITH MOTOR 1	1	2																						
B22	Does any member of this household own any agricultural land? (For the member who have <u>permanent residence</u> in this house hold)	YES 1 NO 2	→ B24																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B23	How many hectares of agricultural land do members of this household own?	<div> <div>ACRES</div> <div> <div></div> <div></div> </div> </div> <div> <div>RUDE</div> <div> <div></div> </div> </div> <div> <div>PURCHES</div> <div> <div></div> <div></div> </div> </div> <div>95 OR MORE ACRES 95</div> <div>DON'T KNOW 98</div>	
B24	Does this household own any livestock, herds, other farm animals, or poultry? (For the member who have <u>permanent residence</u> in this house hold)	<div>YES 1</div> <div>NO 2</div>	→ B26
B25	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.	<div>NEAT CATTLE/BUFFALOE <div><div></div><div></div></div></div> <div>COWS/BUFFALOE COWS <div><div></div><div></div></div></div> <div>GOATS <div><div></div><div></div></div></div> <div>CHICKENS <div><div></div><div></div></div></div> <div>PIGS <div><div></div><div></div></div></div>	
B26	Dose any member of this household have a bank account ? (For the member who have <u>permanent residence</u> in this house hold)	<div>YES 1</div> <div>NO 2</div>	
B27	Does this household own this property, lease this property, rent this property or live rent free in this property ? If the information about the ownership of the property given by the respondent is not clear, writedown the description briefly. _____ _____ _____	<div>OWN</div> <div>SOLE 1</div> <div>FAMILY/NOT DIVIDED 2</div> <div>LEASE 3</div> <div>RENT 4</div> <div>LIVE RENT FREE 5</div> <div>QUARTERS 6</div>	<div>→ B29</div> <div>→ B33</div>
B28	What kind to documents can you show for the ownership or lease of this property ? Anything else ? Record all items mentioned. If circle more than one code follow the skip instruction for highest method on list.	<div>LAND REGISTRATION CERTIFICATE A</div> <div>TITLE DEED TO DWELLING B</div> <div>PURCHASE AGREEMENT FOR LAND C</div> <div>LAEASE AGREEMENT FOR LAND D</div> <div>CERTIFICATE OF OCCUPATION (OR ADJUDICATION CERTIFICATE) E</div> <div>PROPERTY TAX CERTIFICATION F</div> <div>UTILITY BILLS G</div> <div>OTHER X</div> <div>(SPECIFY) _____</div> <div>NONE Z</div>	<div>→ B33</div> <div>→ B30</div>
B29	What kind of documents can you show for the rental of this property ? Anything else ? Record all items mentioned.	<div>REGISTERED LEASE AGREEMENT A</div> <div>UNREGISTERED LEASE AGREEMENT B</div> <div>INFORMAL AGREEMENT (WRITTEN) C</div> <div>VERBAL AGREEMENT (NO DOCUMENT) ... D</div> <div>OCCUPIED RENT FREE</div> <div>WITH KNOWLEDGE OF OWNER E</div> <div>WITHOUT KNOWLEDGE OF OWNER F</div> <div>OTHER X</div> <div>(SPECIFY) _____</div> <div>NONE Z</div>	→ B33
B30	Do you feel secure from eviction in this property ?	<div>YES 1</div> <div>NO 2</div> <div>DK 8</div>	→ B33
B31	Now I would like to ask you how secure you feel about your occupancy of your home. Do you feel : CIRCLE THE MOST APPROPRIATE CODES	<div>VERY SECURE, WON'T BE EVICTED 1</div> <div>SOMEWHAT SECURE, EVICTION UNLIKELY 2</div> <div>NEITHER SECURE NOR INSECURE 3</div> <div>SOMEWHAT INSECURE, CHANCE OF EVICTION 4</div> <div>NOT AT ALL SECURE, EVICTION LIKELY ... 5</div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B32	In the past 5 years, have you ever been evicted ?	YES 1 NO 2	
B33	Household located in a hazardous location. Record all that apply. After observation or probing, circle the code.	LANDSLIDE ZONE A FLOOD-PRONE AREA B RIVER BANK C STEEP HILL D GARBAGE MOUNTAIN/PILE E INDUSTRIAL POLLUTION AREA F RAILROAD G INSECURE AREA DUE TO OTHER ENVIRONMENTAL FACTORS X (SPECIFY) NONE Z	
B34	Bad maintenance Record all that apply. After observation or probing, circle the code.	CRACKS/OPENINGS IN WALLS A NO WINDOWS B WINDOWS WITH BROKEN/NO GLASS C VISIBLE HOLES IN THE ROOF D DAMAGED FLOOR E OTHER X (SPECIFY) NONE Z	
B35	Vulnerability to accidents and manmade disasters Record all that apply. After observation or probing, circle the code.	VERY NARROW PASSAGE BETWEEN HOUSE INSTEAD OF ROAD A ROOFS TOUCHING EACH OTHER B PHONE AND POWER CABLE EASILY ACCESSIBLE BY INHABITANT C TRANSFORMERS D TRANSMISSION POST E OTHER X (SPECIFY) NONE Z	
B36	What are the methods of disposing the usual garbage in your house. Record all that apply.	JUST DUMPING EVERYTHING ON GROUND ON THE PREMISES A BURNING EVERYTHING B BURYING EVERYTHING C JUST DUMPING EVERYTHING BY THE SIDE OF ROAD D HANDING OVER TO THE MC/UC PRADESHIYASABA E SEGREGATING AND RECYCLING OF PAPER, BOTTLES AND POLYTHENE ETC F COMPOSTING OF ORGANIC REFUSE G OTHER X (SPECIFY)	
B37(A)	Have you been using any method to protect you and your family from mosquitoes ?	YES 1 NO 2	→ B50(A)
B37(B)	If "Yes", state 3 main methods you adopt to protect yourself. Can circle upto 3 methods	BED NETS A LIGHTING COILS B USE MOSQUITO REPELENT CREAM C WINDOW NET D OTHER (SPECIFY) X	
B37(C)	Household has mosquito nets <input type="checkbox"/> House hold does not have mosquito nets <input type="checkbox"/>	→ B50(A)	
B38	How many mosquito nets does your household have? IF 6 OR MORE NETS, RECORD '6'.	NUMBER OF NETS <input type="text"/>	

	NET #1	NET #2	NET #3	NET #4	NET #5	NET #6
B39	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 6 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
B40	How did you get the mosquito net ?	DONATION 1 BOUGHT 2 HOME MADE 3 OTHER 4 SPECIFY _____	DONATION 1 BOUGHT 2 HOME MADE 3 OTHER 4 SPECIFY _____	DONATION 1 BOUGHT 2 HOME MADE 3 OTHER 4 SPECIFY _____	DONATION 1 BOUGHT 2 HOME MADE 3 OTHER 4 SPECIFY _____	DONATION 1 BOUGHT 2 HOME MADE 3 OTHER 4 SPECIFY _____
B41	How many months ago did you receive/bought the net ? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98
B42	What is the size of the net ?	SINGLE 1 DOUBLE 2 FAMILY SIZE 3 RECTANGLE SMALL 4 RECTANGLE LARGE 5	SINGLE 1 DOUBLE 2 FAMILY SIZE 3 RECTANGLE SMALL 4 RECTANGLE LARGE 5	SINGLE 1 DOUBLE 2 FAMILY SIZE 3 RECTANGLE SMALL 4 RECTANGLE LARGE 5	SINGLE 1 DOUBLE 2 FAMILY SIZE 3 RECTANGLE SMALL 4 RECTANGLE LARGE 5	SINGLE 1 DOUBLE 2 FAMILY SIZE 3 RECTANGLE SMALL 4 RECTANGLE LARGE 5
B43	What is the type of the net ? (ASK THIS QUESTION TO CHECK WHETHER THE NET IS TREATED OR NOT)	PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES 1 (skip to B47) ↓ TEMPORARY TREATED WITH MOSQUITO INSECTICIDES 2 (skip to B45) ↓ NORMAL NETS 3	PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES 1 (skip to B47) ↓ TEMPORARY TREATED WITH MOSQUITO INSECTICIDES 2 (skip to B45) ↓ NORMAL NETS 3	PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES 1 (skip to B47) ↓ TEMPORARY TREATED WITH MOSQUITO INSECTICIDES 2 (skip to B45) ↓ NORMAL NETS 3	PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES 1 (skip to B47) ↓ TEMPORARY TREATED WITH MOSQUITO INSECTICIDES 2 (skip to B45) ↓ NORMAL NETS 3	PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES 1 (skip to B47) ↓ TEMPORARY TREATED WITH MOSQUITO INSECTICIDES 2 (skip to B45) ↓ NORMAL NETS 3
B44	When you received/bought the net was it treated with mosquito insecticides ?	YES 1 (SKIP TO B47) ↓ NO 2 NOT SURE 8	YES 1 (SKIP TO B47) ↓ NO 2 NOT SURE 8	YES 1 (SKIP TO B47) ↓ NO 2 NOT SURE 8	YES 1 (SKIP TO B47) ↓ NO 2 NOT SURE 8	YES 1 (SKIP TO B47) ↓ NO 2 NOT SURE 8
B45	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES 1 NO 2 (SKIP TO B47) ↓ NOT SURE 8	YES 1 NO 2 (SKIP TO B47) ↓ NOT SURE 8	YES 1 NO 2 (SKIP TO B47) ↓ NOT SURE 8	YES 1 NO 2 (SKIP TO B47) ↓ NOT SURE 8	YES 1 NO 2 (SKIP TO B47) ↓ NOT SURE 8

	NET #1	NET #2	NET #3	NET #4	NET #5	NET #6
B46	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO 25 OR MORE MONTHS AGO ... 95 NOT SURE ... 98	MONTHS AGO 25 OR MORE MONTHS AGO ... 95 NOT SURE ... 98	MONTHS AGO 25 OR MORE MONTHS AGO ... 95 NOT SURE ... 98	MONTHS AGO 25 OR MORE MONTHS AGO ... 95 NOT SURE ... 98	MONTHS AGO 25 OR MORE MONTHS AGO ... 95 NOT SURE ... 98
B47	Did anyone sleep under this mosquito net last night?	YES ... 1 NO ... 2 (SKIP TO B50A) ... 8 NOT SURE ... 8	YES ... 1 NO ... 2 (SKIP TO B50A) ... 8 NOT SURE ... 8	YES ... 1 NO ... 2 (SKIP TO B50A) ... 8 NOT SURE ... 8	YES ... 1 NO ... 2 (SKIP TO B50A) ... 8 NOT SURE ... 8	YES ... 1 NO ... 2 (SKIP TO B50A) ... 8 NOT SURE ... 8
B48	Who slept under this mosquito net last night? RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME LINE NO. NAME LINE NO. NAME LINE NO. NAME LINE NO.	NAME LINE NO. NAME LINE NO. NAME LINE NO. NAME LINE NO.	NAME LINE NO. NAME LINE NO. NAME LINE NO. NAME LINE NO.	NAME LINE NO. NAME LINE NO. NAME LINE NO. NAME LINE NO.	NAME LINE NO. NAME LINE NO. NAME LINE NO. NAME LINE NO.
B49		GO BACK TO B39 FOR NEXT NET; OR, IF NO MORE NETS, GO TO B50(A)	GO BACK TO B39 FOR NEXT NET; OR, IF NO MORE NETS, GO TO B50(A)	GO BACK TO B39 FOR NEXT NET; OR, IF NO MORE NETS, GO TO B50(A)	GO BACK TO B39 FOR NEXT NET; OR, IF NO MORE NETS, GO TO B50(A)	GO TO B39 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO B50(A)

NO.	QUESTIONS AND FILTERS	CODING CATAGORIES
B50(A)	Is iodized salt available to buy in your area ?	YES 1 NO 2 NOT KNOWN 9
B50(B)	Do you use idozed salt for cooking purposes ?	YES 1 NO 2 NO FOOD COOKED IN THE HOUSEHOLD 3 → B60 NO KNOWN 9
B50(C)	What type of salt do you use for cooking purposes ?	CRYSTALS 1 POWDERED 2 NOT KNOWN 9 } → B51
B50(D)	Do you wash salt before applying foods ?	YES 1 NO 2 NOT KNOWN 9
B51	Do the experiment by using the salt bought from the boutique for cooking purposes but not by salt taken from the salt pot that using day to day cooking. When the salt was tested for iodine, did the colour of the tested salt turn to blue / violet colour ? CIRCLE THE RELEVANT CODE.	COLOUR OF SALT CHANGED FROM THE SOLUTION 1 COLOUR OF SALT DID NOT CHANGE FROM THE SOLUTION 2

Go back to the identification section of the household schedule and complete any remaining questions of it.
 Next complete the individual schedule for the eligible respondent from page 18 onwards

SECTION BI - WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

B60	CHECK QUESTION 12 OF SECTION A. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE LIVING CHILDREN BORN SINCE JANUARY 2001 IN QUESTION B61. IF MORE THAN FOUR CHILDREN, USE ADDITIONAL FORM (FORM 01)				
		LAST BIRTH	NEXT TO LAST BIRTH	SECOND FROM LAST BIRTH	THIRD FROM LAST BIRTH
B61	LINE NUMBER (FROM COLUMN 12 OF SECTION A) NAME (FROM COLUMN 2 OF SECTION A)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
B62	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
B63	CHECK B62 CHILD BORN IN JANUARY 2001 OR LATER?	YES 1 NO 2 (GO TO B74) ←	YES 1 NO 2 (GO TO B74) ←	YES 1 NO 2 (GO TO B74) ←	YES 1 NO 2 (GO TO B74) ←
B64	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
B65	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
B66	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
B67	RESULT OF WEIGHT AND HEIGHT MEASUREMENT MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	Height Weight 1 1 2 2 3 3 6 6	Height Weight 1 1 2 2 3 3 6 6	Height Weight 1 1 2 2 3 3 6 6	Height Weight 1 1 2 2 3 3 6 6
B68	CHECK B62 IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO B61 FOR NEXT CHILD OR, IF NO MORE, GO TO B74) ← OLDER 2	0-5 MONTHS 1 (GO TO B61 FOR NEXT CHILD OR, IF NO MORE, GO TO B74) ← OLDER 2	0-5 MONTHS 1 (GO TO B61 FOR NEXT CHILD OR, IF NO MORE, GO TO B74) ← OLDER 2	0-5 MONTHS 1 (GO TO B61 FOR NEXT CHILD OR, IF NO MORE, GO TO B74) ← OLDER 2
B69	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1 OF SECTION A) RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
B70	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (NAME) ← _____ (SIGN) REFUSED 2 (IF REFUSED, GO TO B72)	GRANTED 1 _____ (NAME) ← _____ (SIGN) REFUSED 2 (IF REFUSED, GO TO B72)	GRANTED 1 _____ (NAME) ← _____ (SIGN) REFUSED 2 (IF REFUSED, GO TO B72)	GRANTED 1 _____ (NAME) ← _____ (SIGN) REFUSED 2 (IF REFUSED, GO TO B72)
B71	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
B72	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
B73	GO BACK TO B61 IN NEXT COLUMN IN THIS QUESTIONNAIRE. IF NO MORE CHILDREN FOR THE RESPONDENT GO TO B74. USE THE FORM 02 FOR THE CHILDREN LISTED IN SECTION A IN THE SAME AGE GROUP BUT WHO ARE NOT THE CHILDREN OF RESPONDENT.				
IF ADDITIONAL FORMS WERE USED RECORD THE NO. OF FORMS HERE. FORM 01 <input type="text"/> FORM 02 <input type="text"/>					
IF NOT USED RECORD '0' IN THE BOX.					

CONSENT STATEMENT FOR ANEMIA FOR CHILDREN

Read consent statement to each respondent.

Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. The government need to develop programmes to prevent and treat Anemia and want to gather information needed for the purpose, through this survey. This survey will assist the government for the purpose. Therefore we take a blood sample for testing Anemia as a part of this survey. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born in 2001 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you allow (NAME(S) OF CHILD(REN) to participate in the anemia test?

Record the response in Q. No B70

SECTION BII - WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN 15-49

B74	CHECK QUESTION 11 OF SECTION A.. RECORD THE LINE NUMBER AND NAME OF ELIGIBLE WOMEN IN QUESTION B75. A FINAL OUTCOME FOR THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN QUESTION B83 FOR EACH ELIGIBLE WOMAN.											
		MOTHER OF THE CHILD/REN-ELIGIBLE WOMAN										
B75	LINE NUMBER (FROM COLUMN 11 OF SECTION A) NAME (FROM COLUMN 2 OF SECTION A)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____										
B76	AGE AS AT LAST BIRTHDAY (FROM COLUMN 8 OF SECTION A)	AGE (IN YEARS) <input type="text"/> <input type="text"/>										
B77	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>										
B78	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>										
B79	RESULT OF WEIGHT AND HEIGHT MEASUREMENT MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	<table> <tr> <th>Height</th> <th>Weight</th> </tr> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>6</td> <td>6</td> </tr> </table>	Height	Weight	1	1	2	2	3	3	6	6
Height	Weight											
1	1											
2	2											
3	3											
6	6											
B80	READ ANEMIA TEST CONSENT STATEMENT TO THE RESPONDENT.	GRANTED 1 _____ _____ (NAME) _____ (SIGN) ← RESPONDENT REFUSED 2 _____ (IF REFUSED, GO TO B84).										
B81	PREGNANCY STATUS: CHECK Q.226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DK 8										
B82	CHECK QUESTION B80 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE ANEMIA TEST FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST.											
B83	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> _____ _____ _____										
B84	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6										
B85	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.										

CONSENT STATEMENT FOR ANEMIA TEST

Read consent statement to each respondent.

Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. The government need to develop programmes to prevent and treat Anemia and want to gather information needed for the purpose, through this survey. This survey will assist the government for the purpose. Therefore we take a blood sample for testing Anemia as a part of this survey. This survey will assist the government to develop programs to prevent and treat anemia.

For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you (allow NAME OF ADOLESCENT to) take the anemia test?

Record the response in Q. No B80

DEMOGRAPHIC AND HEALTH SURVEY - 2006/7
EVER-MARRIED WOMAN QUESTIONNAIRE

Name of Country : Sri Lanka

Name of Organization : Department of Census & Statistics.

IDENTIFICATION																																												
Cluster No :				<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																								
Unique Household Number within the Cluster:																																												
Province & District :																																												
D.S. Division :																																												
Sector (Urban/ Rural/ Estate) :																																												
G.N. Division :																																												
Ward/Village/Estate :																																												
Census Block Number (PSU) :																																												
Housing Unit Number (SSU) :																																												
Listing was done using (F1=1,RF1=2,Camps=3) :																																												
Tsunami affected housing unit or not (Affected = 1, Not affected = 2)																																												
Household Number within the Housing Unit :																																												
Name and Line Number of the Eligible Woman																																												

INTERVIEWER VISITS				
DATE	1	2	3	FINAL VISIT DAY MONTH YEAR INT. NUMBER FINAL RESULT
INTERVIEWER'S NAME				
RESULT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS <input type="text"/>
TIME				

***RESULT CODES:**

1 COMPLETED	4 REFUSED	7 OTHER _____ (SPECIFY)
2 NOT AT HOME	5 PARTLY COMPLETED	
3 POSTPONED	6 INCAPACITATED	

COUNTRY-SPECIFIC INFORMATION: Language of Questionnaire : <input type="text"/> Native language of Respondent : <input type="text"/> Language of Interview : <input type="text"/>		NOW RECORD THE TIME IN 24 HOURS TIME. HOURS <input type="text"/> MINUTES <input type="text"/>
Sinhala =1 Tamil =2 English =3		
Translator used : Yes 1 No 2		

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1 - RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Department of Census and Statistics. We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

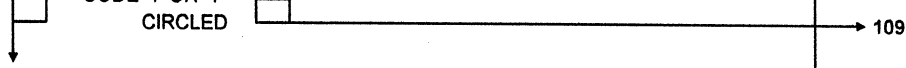
RESPONDENT AGREES TO BE INTERVIEWED

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED

1

2 → COMPLETE THE RELEVANT INFORMATION IN THE PAGE 20 AND CIRCLE THE CODE 4 OF RESULT CODES IN THE SAME PAGE.
END THE INTERVIEW.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> SINCE BIRTH 95 VISITOR 96	<input type="checkbox"/> → 104
103	Just before you moved here, did you live in a urban, rural or estate ?	URBAN 1 RURAL 2 ESTATE 3 OTHER COUNTRIES 4	<input type="checkbox"/> → 104
103A	What was the district you have lived just before you moved here ?	IN SAME DISTRICT 99 DISTRICT _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> SPECIFY	
104	How old were you at your last birthday? (CHECK WITH AGE DETERMINATION TABLE)	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
105	CHECK CODES FOR COLUMN 13 AND 14. PROBE AGAIN IF NO/DON'T KNOW IN COLUMN 13 AND 14. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> DON'T KNOW (COLUMN 13) = 8 DON'T KNOW (COLUMN 14) = 19 NEVER ATTENDED SCHOOL (COLUMN 13) = 2 PRE-SCHOOL (COLUMN 14) = 88 PRIMARY (COLUMN 14) = 00 -05 </div> <div style="margin-top: 10px;"> <input type="checkbox"/> </div>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SECONDARY OR HIGHER (COLUMN 14) </div> <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> → 108 </div>	
106	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE... 3 BLIND/VISUALLY IMPAIRED 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 106: CODE '2' OR '3' CIRCLED <input type="checkbox"/> CODE '1' OR '4' CIRCLED <input type="checkbox"/> 		→ 109
108	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 SELDOM 3 NOT AT ALL 4	
109	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 SELDOM 3 NOT AT ALL 4 NOT APPLICABLE 5	
110	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 SELDOM 3 NOT AT ALL 4 NOT APPLICABLE 5	
111	Do you have the habit of washing your hands with soap in following occasions ? After using toilet Before eating Before the preparation of meals	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2	
112	What is your religion ?	BUDDHIST 1 HINDU 2 ISLAM 3 ROMAN CATHOLIC 4 OTHER CRISTIAN 5 OTHER (SPECIFY) 6	
113	What is your ethnicity ?	SINHALESE 1 SRI LANKAN TAMIL 2 INDIAN TAMIL 3 SRI LANKA MOOR 4 BURGHER 5 MALAY 6 OTHER (SPECIFY) 7	
114	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION/HUSBAND DEAD 3	<input type="checkbox"/> → 117
115	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2	
116	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 119
117	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
119	Have you ever been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
120	CHECK 119: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <p>↓</p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p> </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 122
121	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
122	<p>DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 2001. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER '0' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 2001.</p> <p>FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p> <p>FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p>		

SECTION 2 - REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00' AND SKIP TO 209B	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
209A	Could you please tell us whether all your children from the same marriage ?	YES 1 NO 2									
209B	How many marriage unions ?	<input type="text"/>									
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226										

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
 (IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE).

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what date, month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. IF LESS THAN 1 YR RECORD '00'	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	DATE <input type="text"/> MON. <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (NEXT BIRTH)	DAYS... 1 MONTHS 2 YEARS... 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	DATE <input type="text"/> MON. <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	DATE <input type="text"/> MON. <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	DATE <input type="text"/> MON. <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	DATE <input type="text"/> MON. <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	DATE <input type="text"/> MON. <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	DATE <input type="text"/> MON. <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. IF LESS THAN 1 YR RECORD '00'	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	DATE <input type="text"/> MON. <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	DATE <input type="text"/> MON. <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	DATE <input type="text"/> MON. <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 NO 2			
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. (Q.215)</p> <p>FOR EACH BIRTH SINCE JANUARY 2001: MONTH AND YEAR OF BIRTH ARE RECORDED.(Q.215)</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. (Q. 217)</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. (Q. 220)</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. (Q. 215)</p>								
224	<p>CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2001 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.</p> <div style="text-align: right;"><input type="text"/></div>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
225	FOR EACH BIRTH SINCE JANUARY 2001, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)								
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229						
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
227A	Where do you plan to deliver ?	GOVT. HOSPITAL & SPECIALIST SERVICES GENARAL HOSPITAL 1 BASE HOSPITAL 2 TEACHING HOSPITAL 3 OTHER GOVT. HOSPITAL DISTRICT HOSPITAL 4 PERIPHERAL UNIT 5 RURAL HOSPITAL 6 METARNITY HOME 7 PRIVATE HOSPITAL 8 STATE LINE ROOM 9 HOME 10 OTHER 11 _____ (SPECIFY)	→ 227C						
227B	Why do you plan to deliver in this institute ? CIRCLE THE MOST RELEVANT CODE	NO COST 1 CLOSER TO THE HOUSE 2 FIRST DELIVERY 3 FOR SAFE DELIVERY AND 4 BETTER MEDICAL CARE OTHER 5							
227C	Have you had a tetanues injection since you became pregnant ?	YES 1 NO 2 DON'T KNOW 8							
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not</u> want to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3							
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237						
229A	In Q: 229 If 'Yes' = 1 is circled How many miscarriages, abortions, still births have you had ? If none write '0'	NO. OF MISCARRIAGES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> NO. OF ABORTIONS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> NO. OF STILL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>							
230	When did the last such pregnancy end? IF MONTH IS UNKNOWN RECORD 98	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
231	CHECK 230: LAST PREGNANCY ENDED IN JAN. 2001 OR LATER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> LAST PREGNANCY ENDED BEFORE JAN. 2001 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> _____				→ 237				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							
233	Since January 2001, have you had any other pregnancies that did not result in a live birth? (Excluding Q.No.230)	YES 1 NO 2	→ 235						
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2001. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.								
235	Did you have any miscarriages, abortions or stillbirths that ended before 2001 ?	YES 1 NO 2	→ 237						
236	When did the last such pregnancy that terminated before 2001 end?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>							
237	When did your last menstrual period start? IT TO DAY CIRCLE '1' AND RECORD '00' IF LESS THAN 7 DAYS CIRCLE '1' AND RECORD NO. OF DAYS IF MORE THAN OR EQUAL 7 DAYS (UP TO 27 DAYS) CIRCLE 2 AND RECORD NO. OF WEEKS IF MORE THAN OR EQUAL 4 WEEKS CIRCLE 3 AND RECORD NO. OF MONTHS. IF MORE THAN ONE MONTH RECORD NO. OF COMPLETED MONTHS. _____ (DATE, IF GIVEN)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996							
238	What are the days during the month when a women has to be careful to avoid becoming pregnant ? INTERVIEWER HERE A MONTH IS REFFERED TO AS THE PERIOD BETWEEN THE DATE OF HER LAST MENSTRUATION TO THE DATE OF BEGINNING THE NEXT MENSTRUATION. PLEASE EXPLAIN THIS.	DURING HER PERIOD 1 WITHIN ONE WEEK FROM THE 2 DATE OF HER PERIOD STARTED BETWEEN 9TH AND 21ST DAY 3 FROM THE DATE WHEN HER PERIOD STARTED ONE WEEK BEFORE HER 4 PERIOD BEGINS AT ANY DATE 5 OTHER 6 SPECIFY DON'T KNOW 9							

SECTION 3 - CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>		<p>302 Have you ever used (METHOD)?</p>
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
04	IUD Women can have a loop or coil placed inside the womb by a doctor or a nurse.	YES 1 NO 2 ↘	YES 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2 ↘	YES 1 NO 2
06	NORPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 ↘	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2 ↘	YES 1 NO 2
10	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↘	YES 1 NO 2
12	EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 NO 2 ↘ _____ (SPECIFY)	YES 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→ 331
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
307A	Who took the decision in using the method at that time ?	MY DECISION 1 MY HUSBAND'S DECISION 2 HUSBAND AND WIFE BOTH 3 PUBLIC HEALTH MIDWIFE 4 OTHER (SPECIFY) 5	
307B	CHECK Q. 114 and Q.116 CURRENTLY MARRIED/IN UNION <input type="checkbox"/> WIDOWED/DIVORCED/ SEPARATED <input type="checkbox"/>		→ 322
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 310B
310A	Who took that decision ?	MY DECISION 1 MY HUSBAND'S DECISION 2 HUSBAND AND WIFE BOTH 3 PUBLIC HEALTH MIDWIFE 4 OTHER (SPECIFY) 5	→ 311
310B	What is the main reason that you are not using a method to avoid pregnancy ?	WANT TO BECOME PREGNANT 01 LACK OF KNOWLEDGE OR LACK OF SOURCE 02 OPPOSED TO FP 03 HUSBAND DISAPPROVES 04 OTHER PEOPLE DISAPPROVES 05 INFREQUENT SEX 06 POSTPARTUM / BF 07 MENOPAUSAL/SUBFECUND 08 HEALTH CONCERNS 09 PROBLEMS OF ACCESS / AVAILABILITY 10 COSTS TOO MUCH 11 RELIGION 12 INCONVENIENT TO USE 13 RUMOURS OF SIDE EFFECTS 14 OTHER (SPECIFY) 15 DON'T KNOW 99	→ 322

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	Which method are you using?	FEMALE STERILIZATION A	<div>→ 316</div> <div>→ 315</div> <div>→ 315</div> <div>→ 319A</div>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	<p>CHECK 311/311A:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> </div> <div style="text-align: center;"> <p>CODE 'B' CIRCLED <input type="checkbox"/></p> <p>Before the sterilization operation was your husband/partner told that he would not be able to have any (more) children because of the operation?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
318	<p>How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?</p> <p>IF MORE THAN 10,000 RECORD 9999</p>	<p>COST (Rs.) <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW 9998</p> <p>FREE 9995</p>	<div style="border-left: 1px solid black; border-right: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="display: inline-block; vertical-align: middle;">→ 319</div>
318A	<p>Did you receive an incentive payment (Rs.500) after the operation ?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
319	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>YEAR <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>PERIOD (MONTHS) <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p>	
319A	<p>In what month and year did you start using (CURRENT METHOD) continuously?</p> <p>If year and month not known probe : PROBE: For how long have you been using (CURRENT METHOD) now without stopping ?</p>		
320	<p>CHECK 319/319A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A</p> <p>GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	
321	<p>CHECK 319/319A:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>YEAR IS 2001 OR LATER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>ENTER CODE FOR SOURCE WHERE USER OBTAINED METHOD AT BEGINNING OF PERIOD OF CURRENT USE IN COLUMN 2 OF CALENDAR IN MONTH THAT USE STARTED. THEN CONTINUE WITH 322.</p> </div> <div style="text-align: center;"> <p>YEAR IS 2000 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2001 THEN SKIP TO</p> </div> </div>	<p>329</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																										
322	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2001.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 1: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?</p> <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 2: * Where did you obtain the method when you started using it? * Where did you get advice on how to use the method [for LAM or rhythm]?</p> <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 3: * Why did you stop using the (METHOD)? * Did you become pregnant while using (METHOD), did you stop using to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: * How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>																												
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<table> <tr><td>NO CODE CIRCLED</td><td>00</td></tr> <tr><td>FEMALE STERILIZATION</td><td>01</td></tr> <tr><td>MALE STERILIZATION</td><td>02</td></tr> <tr><td>PILL</td><td>03</td></tr> <tr><td>IUD</td><td>04</td></tr> <tr><td>INJECTABLES</td><td>05</td></tr> <tr><td>NORPLANTS</td><td>06</td></tr> <tr><td>CONDOM</td><td>07</td></tr> <tr><td>FEMALE CONDOM</td><td>08</td></tr> <tr><td>LACTATIONAL AMEN. METHOD ...</td><td>09</td></tr> <tr><td>RHYTHM METHOD</td><td>10</td></tr> <tr><td>WITHDRAWAL</td><td>11</td></tr> <tr><td>OTHER METHOD</td><td>96</td></tr> </table>	NO CODE CIRCLED	00	FEMALE STERILIZATION	01	MALE STERILIZATION	02	PILL	03	IUD	04	INJECTABLES	05	NORPLANTS	06	CONDOM	07	FEMALE CONDOM	08	LACTATIONAL AMEN. METHOD ...	09	RHYTHM METHOD	10	WITHDRAWAL	11	OTHER METHOD	96	<p>→ 331</p> <p>→ 333</p> <p>→ 330</p> <p>→ 327</p> <p>→ 333</p>
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OTHER METHOD	96																												
324	<p>You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?</p>	<table> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES	1	NO	2	→ 326																						
YES	1																												
NO	2																												
325	<p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p>	<table> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES	1	NO	2	→ 327																						
YES	1																												
NO	2																												
326	<p>Were you told what to do if you experienced side effects or problems?</p>	<table> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES	1	NO	2																							
YES	1																												
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	<p>CHECK 324:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p> </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p> </div> </div> <p>At that time, were you told about other methods of family planning that you could use?</p> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	→ 329
328	<p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	
329	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>NORPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>LACTATIONAL AMEN. METHOD 09</p> <p>RHYTHM METHOD 10</p> <p>WITHDRAWAL 11</p> <p>OTHER METHOD 96</p>	<p>→ 333</p> <p>→ 333</p>
330	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. CLINIC (FIELD) 12</p> <p>FAMILY HEALTH BUREAU 13</p> <p>MOBILE CLINIC 14</p> <p>PUBLIC HEALTH MIDWIFE 15</p> <p>HEALTH VOLUNTEER 16</p> <p>OTHER PUBLIC 17</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE DOCTOR 22</p> <p>PHARMACY 23</p> <p>OTHER PRIVATE 24</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>GROCERY 31</p> <p>FRIEND/RELATIVE 32</p> <p>OTHER 96</p> <p style="text-align: center;">(SPECIFY)</p>	<p>→ 333</p>
331	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	→ 333

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>CIRCLE ALL MENTIONED</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. CLINIC (FIELD) B</p> <p>FAMILY HEALTH BUREAU C</p> <p>MOBILE CLINIC D</p> <p>PUBLIC HEALTH MIDWIFE E</p> <p>HEALTH VOLUNTEER F</p> <p>OTHER PUBLIC G</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL H</p> <p>PRIVATE DOCTOR I</p> <p>PHARMACY J</p> <p>OTHER PRIVATE K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>GROCERY L</p> <p>FRIEND/RELATIVE M</p> <p>OTHER N</p> <p>(SPECIFY)</p>	
333	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
334	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	<p>YES 1</p> <p>NO 2</p>	→ 336A
335	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	
336A	Some women abstain from sexual relations completely for more than one or two months. Have you ever abstained ?	<p>YES 1</p> <p>NO 2</p>	→ 401
336B	<p>What was the main reason ?</p> <p>CIRCLE RELEVANT CODE</p>	<p>AVOID PREGNANCY 1</p> <p>CHILD OF MARRIAGABLE AGE 2</p> <p>HUSBAND AWAY 3</p> <p>POSTPARTUM / BREASTFEEDING 4</p> <p>BECAUSE OF THE PREGNANCY 5</p> <p>HEALTH CONCERNS 6</p> <p>RELIGIOUS REASONS 7</p> <p>OTHER (SPECIFY) 8</p>	

SECTION 4 - PREGNANCY AND POSTNATAL CARE

401	CHECK 224:	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2001 OR LATER ↓ </div> <div style="text-align: center;"> NO BIRTHS IN 2001 OR LATER ↓ </div> </div>	→ 549	
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). IF MULTIPLE BIRTHS, USE FORM 03 FOR THEM. Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NO. 	NEXT-TO-LAST BIRTH LINE NO. 	SECOND-FROM-LAST BIRTH LINE NO.
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 434) ← LATER 2 NOT AT ALL 3 (SKIP TO 434) ←	THEN 1 (SKIP TO 434) ← LATER 2 NOT AT ALL 3 (SKIP TO 434) ←
406	How much longer would you have liked to wait?	MONTHS ..1 YEARS ..2 DON'T KNOW 998	MONTHS ..1 YEARS ..2 DON'T KNOW 998	MONTHS ..1 YEARS ..2 DON'T KNOW 998

407	Did you see anyone for antenatal care for this pregnancy? IF YES: Where did you receive and whom did you see? Any where else Anyone else? PROBE TO IDENTIFY PLACE AND EACH TYPE OF PERSON. RECORD ALL MENTIONED.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2"></th><th colspan="3">LAST BIRTH</th></tr> <tr> <th colspan="2"></th><th>PLACE</th><th>NO. OF TIMES</th><th>HEALTH PERSONAL</th></tr> <tr> <td style="text-align: left;">PLACE</td><td></td><td rowspan="6" style="text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </td><td rowspan="6" style="text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </td><td rowspan="6" style="text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </td></tr> <tr><td>MOH OFFICE CLINIC</td><td>11</td></tr> <tr><td>GOVERNMENT HOSPITAL</td><td>12</td></tr> <tr><td>MUNICIPAL CLINIC</td><td>13</td></tr> <tr><td>PRIVATE HOSPITAL/</td><td>14</td></tr> <tr><td>DISPENSARY</td><td></td></tr> <tr> <td>OTHER</td><td>15</td><td rowspan="5" style="text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </td><td rowspan="5" style="text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </td><td rowspan="5" style="text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> <tr><td>HEALTH PERSONAL</td><td></td></tr> <tr><td>DOCTOR SPECIALISTS</td><td>21</td></tr> <tr><td>DOCTOR</td><td>22</td></tr> <tr> <td>PUBLIC HEALTH MIDWIFE</td><td>23</td><td rowspan="2" style="text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </td><td rowspan="2" style="text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </td><td rowspan="2" style="text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </td></tr> <tr> <td>OTHER</td><td>24</td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> </table>			LAST BIRTH					PLACE	NO. OF TIMES	HEALTH PERSONAL	PLACE		<div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div>	MOH OFFICE CLINIC	11	GOVERNMENT HOSPITAL	12	MUNICIPAL CLINIC	13	PRIVATE HOSPITAL/	14	DISPENSARY		OTHER	15	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div>	(SPECIFY)		HEALTH PERSONAL		DOCTOR SPECIALISTS	21	DOCTOR	22	PUBLIC HEALTH MIDWIFE	23	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div>	OTHER	24	(SPECIFY)	
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NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH																												
		NAME _____	NAME _____	NAME _____																												
408	How many weeks pregnant were you when you first received antenatal care for this pregnancy?	WEEKS ... <input type="text"/> <input type="text"/> DON'T KNOW 98																														
410	Ask to see pregnancy record	SEEN 1 NOT SEEN 2																														
411	As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your Height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample? Was your blood tested for VDRL (Sexually transmitted diseases)	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>WEIGHT ...</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>HEIGHT ...</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>BP</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>URINE ...</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>BLOOD ..</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>VDRL</td> <td>1</td> <td>2</td> <td>9</td> </tr> </table>				YES	NO	DK	WEIGHT ...	1	2	9	HEIGHT ...	1	2	9	BP	1	2	9	URINE ...	1	2	9	BLOOD ..	1	2	9	VDRL	1	2	9
	YES	NO			DK																											
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BLOOD ..	1	2			9																											
VDRL	1	2	9																													
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications? Such as Excessive vomiting Severe headache Swelling Bleeding Abdominal pain	YES 1 NO 2 (SKIP TO 413A) ← DON'T KNOW 8																														
413	Were you told where to go if you had any of these complications?	YES 1 NO 2 DON'T KNOW 8																														
413A	During this pregnancy did public health midwife visit you at home ?	YES 1 NO 2 (SKIP TO 414) ←																														
413B	How many times did she visit during the period of pregnancy ?	<input type="text"/> <input type="text"/>																														
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8																														
415	During this pregnancy, how many times did you get this tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8																														
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> (SKIP TO 421) ↓ OTHER (1 OR DON'T KNOW) <input type="checkbox"/>																														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
417	At any time before this pregnancy, did you receive any tetanus injections ?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8		
417A	What is the reason for receiving last enjection ?	PROTECT MY SELF ... 1 PROTECT ANOTHER BABY 2		
418	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH ... <input type="text"/> <input type="text"/> DK MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK YEAR 9998 (SKIP TO 421) ←		
420	How many years ago did you receive that tetanus injection?	YEARS AGO <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets ? SHOW TABLETS.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8		
421A	From where did you get these tablets ? RECORD ALL MENTIONED	GOVT. HOSPITAL A FROM THE CLINIC B PRIVATE HOSPITAL C PRIVATE DOCTOR D PHARMACY E ANY OTHER _____ X (SPECIFY)		
421B	What reasons were you given for taking iron tablets ? RECODE ALL RELEVANT REASONS	GOOD FOR THE A BABY FOR MOTHER'S B HEALTH/STRENGTH HELPS BLOOD C FORMATION OTHER (SPECIFY) X _____ DON'T KNOW Z		
422	How you ever use these tablets during the pregnancy ?	YES 1 NO 2 (SKIP TO 422B) ← DON'T KNOW 8 (SKIP TO 423) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
422A	How often did you take these iron tablets	DAILY 1 OFTEN 2 SELDOM 3 (SKIP TO 423) ←		
422B	Why didn't you take these iron tablets? Record all mentioned.	NO COMPLAINTS A DIARRHOEA B CONSTIPATION C NAUSEA D BAD TASTED/ E HEARD TO SWALLOW OTHER (SPECIFY) X _____		
423	During this pregnancy, did you take any drug for intestinal worms? (worm treatments)	YES 1 NO 2 DON'T KNOW 8		
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES 1 NO 2 DON'T KNOW 8		
425	During this pregnancy, did you suffer from night blindness	YES 1 NO 2 DON'T KNOW 8		
426	During this pregnancy, were you given any drugs prevent you from getting malaria?	YES 1 NO 2 (SKIP TO 434) ← DON'T KNOW 8		
427	Did you take them as instructed ?	YES 1 NO 2 (SKIP TO 434) ← CAN'T REMEMBER ... 8		
428	How did you take ? CIRCLE THE RELEVANT CODE	TWO TABLETS ONCE 1 A WEEK ONE TABLETS ONCE 2 A WEEK ONE TABLETS DAILY 3 DON'T KNOW 4 OTHER 5		
434	Who assisted at delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B ASSISTANT MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X _____ (SPECIFY) NO ONE Z	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B ASSISTANT MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X _____ (SPECIFY) NO ONE Z	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B ASSISTANT MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X _____ (SPECIFY) NO ONE Z

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																				
435	How did the person who assisted at your delivery, treat you during your delivery ? CIRCLE THE RELEVANT CODE	TREATED WELL 1 DID NOT CARE VERY MUCH 2 DID NOT INTERFERE ANY BODY 3 SHOUTED AT ME ... 4 DON'T KNOW ANY THING 5 OTHER (SPECIFY) ... 6 _____	TREATED WELL 1 DID NOT CARE VERY MUCH 2 DID NOT INTERFERE ANY BODY 3 SHOUTED AT ME 4 DON'T KNOW ANY THING 5 OTHER (SPECIFY) ... 6 _____	TREATED WELL 1 DID NOT CARE VERY MUCH 2 DID NOT INTERFERE ANY BODY 3 SHOUTED AT ME ... 4 DON'T KNOW ANY THING 5 OTHER (SPECIFY) ... 6 _____																																				
436	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	YOUR HOME 11 (SKIP TO 443) ← OTHER HOME 12 GOVT. HOSPITAL & SPECIALIST SERVICES GENERAL HOSPITAL 21 BASE HOSPITAL ... 22 TEACHING HOSPITAL 23 OTHER GOVT. HOSPITAL DISTRICT HOSPITAL 31 PERIPHERAL UNIT 32 RURAL HOSPITAL . 33 METERNITY HOME 34 PRIVATE HOSPITAL 41 ESTATE LINE ROOM 42 DURING TRANSPORT 51 OTHER _____ 99 (SPECIFY)	YOUR HOME 11 (SKIP TO 443) ← OTHER HOME 12 GOVT. HOSPITAL & SPECIALIST SERVICES GENERAL HOSPITAL 21 BASE HOSPITAL ... 22 TEACHING HOSPITAL 23 OTHER GOVT. HOSPITAL DISTRICT HOSPITAL 31 PERIPHERAL UNIT 32 RURAL HOSPITAL . 33 METERNITY HOME 34 PRIVATE HOSPITAL 41 ESTATE LINE ROOM 42 DURING TRANSPORT 51 OTHER _____ 99 (SPECIFY)	YOUR HOME 11 (SKIP TO 443) ← OTHER HOME 12 GOVT. HOSPITAL & SPECIALIST SERVICES GENERAL HOSPITAL 21 BASE HOSPITAL 22 TEACHING HOSPITAL 23 OTHER GOVT. HOSPITAL DISTRICT HOSPITAL 31 PERIPHERAL UNIT 32 RURAL HOSPITAL . 33 METERNITY HOME 34 PRIVATE HOSPITAL 41 ESTATE LINE ROOM 42 DURING TRANSPORT 51 OTHER _____ 99 (SPECIFY)																																				
437	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW . 998													HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998													HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998												
438	Was (NAME) delivered by caesarean section?	YES 1 (SKIP TO 442) ← NO 2	YES 1 (SKIP TO 442) ← NO 2	YES 1 (SKIP TO 442) ← NO 2																																				
439	Before you were discharged after (NAME) was born, did any health care provider check on your health?	YES 1 NO 2 (SKIP TO 442) ←	YES 1 (SKIP TO 442) ← NO 2	YES 1 (SKIP TO 442) ← NO 2																																				
440	How many hours or days after delivery did the first check take place? IF LESS THAN ONE HOUR CIRCLE 1 AND RECORD '00'. IF LESS THAN ONE DAY, RECORD HOURS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998																																						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
441	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE ... 12 ASSISTANT MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 (SPECIFY) DK/CAN'T REMEMBER 98 (SKIP TO 444) ←														
442	After you were discharged, did a public health midwife check on your health?	YES 1 (SKIP TO 445) ← NO 2 (SKIP TO 449) ←	YES 1 (SKIP TO 444) ← NO 2	YES 1 (SKIP TO 444) ← NO 2												
443	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH ... A FACILITY NOT OPEN ... B TOO FAR/ NO TRANSPORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE ... D NO FEMALE PROVIDER AT FACILITY ... E HUSBAND/FAMILY DID NOT ALLOW ... F NOT NECESSARY ... G NOT CUSTOMARY ... H OTHER X (SPECIFY)														
444	After (NAME) was born, did a public health midwife visit your home within one month from delivery ?	YES 1 NO 2 (SKIP TO 449) ←	YES 1 (SKIP TO 455) ← NO 2	YES 1 (SKIP TO 455) ← NO 2												
445	How many hours, days or weeks after delivery did she visit first ? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998														
446	Within one month from delivery how many times did Public Health Midwife visit you at home ?	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW 98														
449	In the two months after (NAME) was born, did any health care provider or a public health midwife check on his/her health?	YES 1 NO 2 (SKIP TO 453) ← DON'T KNOW 8														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
450	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE HOUR CIRCLE 1 AND RECORD '00'. IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH .. 1 <input type="text"/> <input type="text"/> DAYS AFTER BIRTH .. 2 <input type="text"/> <input type="text"/> WKS AFTER BIRTH .. 3 <input type="text"/> <input type="text"/> DON'T KNOW 998		
451	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 PUBLIC HEALTH MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 (SPECIFY) _____		
452	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR MOH OFFICE/CLINIC 21 GOVT. HOSPITAL/ CLINIC 22 MUNICIPAL CLINIC 23 MOBILE CLINIC 24 OTHER GOVT. 25 SPECIFY _____ PRIVATE SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE 33 SPECIFY _____		
453	After delivery, did you receive a vitamin A dose (like this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 RECEIVED BUT NOT USED 3 DON'T KNOW 8		
454	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 456) ← NO 2 (SKIP TO 457) ←		
455	Did your period return between the birth of (NAME) and your next pregnancy?			
456	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> NANT <input type="checkbox"/> PREGNANT OR <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 459) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
458	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 460) ←		
459	How long after the birth of (NAME) have you first had the sexual relations? IF LESS THAN 01 MONTH RECORD '00'	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
460	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 467) ←	YES 1 NO 2 (SKIP TO 467) ←	YES 1 NO 2 (SKIP TO 467) ←
461A	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
461B	Was the first milk discarded when you started breastfeeding ?	YES 1 NO 2 (SKIP TO 462) ← DON'T KNOW 8		
461C	Why did you throw away the first milk ? CIRCLE THE RELEVANT CODE	MILK BAD FOR BABY 1 MILK YELLOW 2 BABY REFUSED 3 HABIT 4 ADVISED TO DO SO ... 5 OTHER 6 (SPECIFY)		
461D	Who advised you to throw away the first milk ? Interviewer : Encircle all relevant codes	MOTHER A MOTHER IN LAW B FAMILY HEALTH MIDWIFE C HOSPITAL STAFF ... D OTHER X (SPECIFY)		
462	In the 04 months after delivery, or so far was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 464) ←		
462A	Reasons for giving other drinks other than breast Milk CIRCLE THE RELEVANT CODE	NOT ENOUGH MILK 1 BABY CRIED TOO MUCH 2 TROAT AND LIPS WERE DRIED 3 ADVISED BY FAMILY 4 MEMBERS ADVISED BY 5 HEALTH STAFF AS A MEDICINES 6 MOTHER HAS TO REPORT TO THE JOB 7 ANY OTHER 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
463	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B GLUCOSE WATER C SUGAR-SALT-WATER SOLUTION D FRUIT JUICE E CORRIANDER WATER F OTHER X (SPECIFY) _____		
464	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 466) ←		
465A	How long did you practice exclusive breast feeding of (name)? IF LESS THAN 01 MONTH RECORD '00'	MONTHS ... <input type="text"/> <input type="text"/> STILL ONLY BREAST FEEDING 77 (SKIP TO 468) ←	MONTHS ... <input type="text"/> <input type="text"/>	MONTHS ... <input type="text"/> <input type="text"/>
465B	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 468) ← NO 2	YES 1 (SKIP TO 468) ← NO 2	YES 1 (SKIP TO 468) ← NO 2
466	For how many months did you breastfeed (NAME)? IF LESS THAN MONTH RECORD '00'	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
467	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 468) (SKIP TO 470)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 468) (SKIP TO 470)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 468) (SKIP TO 470)
468	Check 465A OR 465B	Still breast feeding <input type="checkbox"/> (SKIP TO 470) ← Not breast feeding <input type="checkbox"/> (SKIP TO 469) ←	Still breast feeding <input type="checkbox"/> (SKIP TO 470) ← Not breast feeding <input type="checkbox"/> (SKIP TO 469) ←	Still breast feeding <input type="checkbox"/> (SKIP TO 470) ← Not breast feeding <input type="checkbox"/> (SKIP TO 469) ←
469	What is the main reason you never breastfed/stopped breastfeeding (NAME)? CIRCLE THE RELEVANT CODE	BECAME PREGNANT 01 NO MILK 02 INSUFFICIENT MILK ... 03 NIPPLE INJURED 04 MOTHER ILL 05 MOTHER BUSY 06 OTHER MILK/FOOD BETTER FOR BABY .. 07 BABY ILL 08 BABY REFUSED 09 OTHER 10 (SPECIFY) _____	BECAME PREGNANT 01 NO MILK 02 INSUFFICIENT MILK ... 03 NIPPLE INJURED 04 MOTHER ILL 05 MOTHER BUSY 06 OTHER MILK/FOOD BETTER FOR BABY .. 07 BABY ILL 08 BABY REFUSED 09 OTHER 10 (SPECIFY) _____	BECAME PREGNANT 01 NO MILK 02 INSUFFICIENT MILK ... 03 NIPPLE INJURED 04 MOTHER ILL 05 MOTHER BUSY 06 OTHER MILK/FOOD BETTER FOR BABY .. 07 BABY ILL 08 BABY REFUSED 09 OTHER 10 (SPECIFY) _____
470	At what age did you give solid/semi solid foods other than milk to (name) ?	MONTHS <input type="text"/> <input type="text"/> STILL NOT GIVEN ... 77 (Skip to 471) ←	MONTHS <input type="text"/> <input type="text"/> STILL NOT GIVEN ... 77 (Skip to 471) ←	MONTHS <input type="text"/> <input type="text"/> STILL NOT GIVEN ... 77 (Skip to 471) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
470A	<p>What was the 1st food introduced ?</p> <p>CIRCLE THE RELEVANT CODE</p>	GRUEL WATER 1 RICE PASTE 2 BOILED VEGETABLE 3 FRUIT JUICES 4 FRUITS (SMASHED) 5 BISCUITS 6 CEREALS (COMMERCIAL PREPARATION) 7 ANY OTHER 8 DON'T KNOW 9	GRUEL WATER 1 RICE PASTE 2 BOILED VEGETABLE 3 FRUIT JUICES 4 FRUITS (SMASHED) 5 BISCUITS 6 CEREALS (COMMERCIAL PREPARATION) 7 ANY OTHER 8 DON'T KNOW 9	GRUEL WATER 1 RICE PASTE 2 BOILED VEGETABLE 3 FRUIT JUICES 4 FRUITS (SMASHED) 5 BISCUITS 6 CEREALS (COMMERCIAL PREPARATION) 7 ANY OTHER 8 DON'T KNOW 9
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5 - CHILD IMMUNIZATION AND HEALTH AND CHILD AND WOMAN'S NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).																																																																																																																																																																																																																																																																																																														
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER	NEXT-TO-LAST BIRTH LINE NUMBER	SECOND-FROM-LAST BIRTH LINE NUMBER																																																																																																																																																																																																																																																																																																											
503	FROM 212 AND 216	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 549)	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 549)	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 549)																																																																																																																																																																																																																																																																																																											
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3																																																																																																																																																																																																																																																																																																											
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2																																																																																																																																																																																																																																																																																																											
506	<p>Interviewer : Record the dates of immunizations from the card. Circle '2' if not given. Write 44 in day column if card shows that a vaccination was given but not date is recorded. If more than 2 vitamin A doses given record dates for most recent and second most recent doses.</p> <table border="1"> <thead> <tr> <th></th> <th colspan="4">LAST BIRTH</th> <th colspan="4">NEXT-TO-LAST BIRTH</th> <th colspan="4">SECOND-FROM-LAST BIRTH</th> </tr> <tr> <th></th> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> <th>NOT</th> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> <th>NOT</th> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> <th>NOT</th> </tr> </thead> <tbody> <tr> <td>BCG → AT BIRTH</td> <td></td><td></td><td></td><td>2</td> <td>BCG</td><td></td><td></td><td>2</td> <td>BCG</td><td></td><td></td><td>2</td> </tr> <tr> <td>TRIPLE 1</td> <td></td><td></td><td></td><td>2</td> <td>TR1</td><td></td><td></td><td>2</td> <td>TR1</td><td></td><td></td><td>2</td> </tr> <tr> <td>POLIO 1 } AT 2 MONTHS</td> <td></td><td></td><td></td><td>2</td> <td>P01</td><td></td><td></td><td>2</td> <td>P01</td><td></td><td></td><td>2</td> </tr> <tr> <td>HEPATITIS B1</td> <td></td><td></td><td></td><td>2</td> <td>HEB1</td><td></td><td></td><td>2</td> <td>HEB1</td><td></td><td></td><td>2</td> </tr> <tr> <td>TRIPLE 2</td> <td></td><td></td><td></td><td>2</td> <td>TR2</td><td></td><td></td><td>2</td> <td>TR2</td><td></td><td></td><td>2</td> </tr> <tr> <td>POLIO 2 } AT 4 MONTHS</td> <td></td><td></td><td></td><td>2</td> <td>P02</td><td></td><td></td><td>2</td> <td>P02</td><td></td><td></td><td>2</td> </tr> <tr> <td>HEPATITIS B2</td> <td></td><td></td><td></td><td>2</td> <td>HEB2</td><td></td><td></td><td>2</td> <td>HEB2</td><td></td><td></td><td>2</td> </tr> <tr> <td>TRIPLE 3</td> <td></td><td></td><td></td><td>2</td> <td>TR3</td><td></td><td></td><td>2</td> <td>TR3</td><td></td><td></td><td>2</td> </tr> <tr> <td>POLIO 3 } AT 6 MONTHS</td> <td></td><td></td><td></td><td>2</td> <td>P03</td><td></td><td></td><td>2</td> <td>P03</td><td></td><td></td><td>2</td> </tr> <tr> <td>HEPATITIS B3</td> <td></td><td></td><td></td><td>2</td> <td>HEB3</td><td></td><td></td><td>2</td> <td>HEB3</td><td></td><td></td><td>2</td> </tr> <tr> <td>MEASLES</td> <td></td><td></td><td></td><td>2</td> <td>MEA</td><td></td><td></td><td>2</td> <td>MEA</td><td></td><td></td><td>2</td> </tr> <tr> <td>VITAMIN A (DOSE 1) } AT 9 MONTHS</td> <td></td><td></td><td></td><td>2</td> <td>VITA1</td><td></td><td></td><td>2</td> <td>VITA1</td><td></td><td></td><td>2</td> </tr> <tr> <td>JE 1 → AGE AT 1 YEAR</td> <td></td><td></td><td></td><td>2</td> <td>JE 1</td><td></td><td></td><td>2</td> <td>JE 1</td><td></td><td></td><td>2</td> </tr> <tr> <td>JE 2 → 1-4 WEEKS AFTER JE1</td> <td></td><td></td><td></td><td>2</td> <td>JE 2</td><td></td><td></td><td>2</td> <td>JE 2</td><td></td><td></td><td>2</td> </tr> <tr> <td>TRIPLE 4</td> <td></td><td></td><td></td><td>2</td> <td>TR4</td><td></td><td></td><td>2</td> <td>TR4</td><td></td><td></td><td>2</td> </tr> <tr> <td>POLIO 4 } AT 18 MONTHS</td> <td></td><td></td><td></td><td>2</td> <td>P04</td><td></td><td></td><td>2</td> <td>P04</td><td></td><td></td><td>2</td> </tr> <tr> <td>VITAMIN A (DOSE 2)</td> <td></td><td></td><td></td><td>2</td> <td>VITA2</td><td></td><td></td><td>2</td> <td>VITA2</td><td></td><td></td><td>2</td> </tr> <tr> <td>JE 3 → 1 YEAR AFTER JE2</td> <td></td><td></td><td></td><td>2</td> <td>JE 3</td><td></td><td></td><td>2</td> <td>JE 3</td><td></td><td></td><td>2</td> </tr> <tr> <td>MEASLES RUBELLA (MR) → AT YEAR 3</td> <td></td><td></td><td></td><td>2</td> <td>MR</td><td></td><td></td><td>2</td> <td>MR</td><td></td><td></td><td>2</td> </tr> <tr> <td>OTHER (SPECIFY)</td> <td></td><td></td><td></td><td>2</td> <td>OTH</td><td></td><td></td><td>2</td> <td>OTH</td><td></td><td></td><td>2</td> </tr> <tr> <td>N.I.P.V.</td> <td></td><td></td><td></td><td>2</td> <td>N.I.P.V.</td><td></td><td></td><td>2</td> <td>N.I.P.V.</td><td></td><td></td><td>2</td> </tr> </tbody> </table>					LAST BIRTH				NEXT-TO-LAST BIRTH				SECOND-FROM-LAST BIRTH					YEAR	MONTH	DAY	NOT	YEAR	MONTH	DAY	NOT	YEAR	MONTH	DAY	NOT	BCG → AT BIRTH				2	BCG			2	BCG			2	TRIPLE 1				2	TR1			2	TR1			2	POLIO 1 } AT 2 MONTHS				2	P01			2	P01			2	HEPATITIS B1				2	HEB1			2	HEB1			2	TRIPLE 2				2	TR2			2	TR2			2	POLIO 2 } AT 4 MONTHS				2	P02			2	P02			2	HEPATITIS B2				2	HEB2			2	HEB2			2	TRIPLE 3				2	TR3			2	TR3			2	POLIO 3 } AT 6 MONTHS				2	P03			2	P03			2	HEPATITIS B3				2	HEB3			2	HEB3			2	MEASLES				2	MEA			2	MEA			2	VITAMIN A (DOSE 1) } AT 9 MONTHS				2	VITA1			2	VITA1			2	JE 1 → AGE AT 1 YEAR				2	JE 1			2	JE 1			2	JE 2 → 1-4 WEEKS AFTER JE1				2	JE 2			2	JE 2			2	TRIPLE 4				2	TR4			2	TR4			2	POLIO 4 } AT 18 MONTHS				2	P04			2	P04			2	VITAMIN A (DOSE 2)				2	VITA2			2	VITA2			2	JE 3 → 1 YEAR AFTER JE2				2	JE 3			2	JE 3			2	MEASLES RUBELLA (MR) → AT YEAR 3				2	MR			2	MR			2	OTHER (SPECIFY)				2	OTH			2	OTH			2	N.I.P.V.				2	N.I.P.V.			2	N.I.P.V.			2
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POLIO 1 } AT 2 MONTHS				2	P01			2	P01			2																																																																																																																																																																																																																																																																																																			
HEPATITIS B1				2	HEB1			2	HEB1			2																																																																																																																																																																																																																																																																																																			
TRIPLE 2				2	TR2			2	TR2			2																																																																																																																																																																																																																																																																																																			
POLIO 2 } AT 4 MONTHS				2	P02			2	P02			2																																																																																																																																																																																																																																																																																																			
HEPATITIS B2				2	HEB2			2	HEB2			2																																																																																																																																																																																																																																																																																																			
TRIPLE 3				2	TR3			2	TR3			2																																																																																																																																																																																																																																																																																																			
POLIO 3 } AT 6 MONTHS				2	P03			2	P03			2																																																																																																																																																																																																																																																																																																			
HEPATITIS B3				2	HEB3			2	HEB3			2																																																																																																																																																																																																																																																																																																			
MEASLES				2	MEA			2	MEA			2																																																																																																																																																																																																																																																																																																			
VITAMIN A (DOSE 1) } AT 9 MONTHS				2	VITA1			2	VITA1			2																																																																																																																																																																																																																																																																																																			
JE 1 → AGE AT 1 YEAR				2	JE 1			2	JE 1			2																																																																																																																																																																																																																																																																																																			
JE 2 → 1-4 WEEKS AFTER JE1				2	JE 2			2	JE 2			2																																																																																																																																																																																																																																																																																																			
TRIPLE 4				2	TR4			2	TR4			2																																																																																																																																																																																																																																																																																																			
POLIO 4 } AT 18 MONTHS				2	P04			2	P04			2																																																																																																																																																																																																																																																																																																			
VITAMIN A (DOSE 2)				2	VITA2			2	VITA2			2																																																																																																																																																																																																																																																																																																			
JE 3 → 1 YEAR AFTER JE2				2	JE 3			2	JE 3			2																																																																																																																																																																																																																																																																																																			
MEASLES RUBELLA (MR) → AT YEAR 3				2	MR			2	MR			2																																																																																																																																																																																																																																																																																																			
OTHER (SPECIFY)				2	OTH			2	OTH			2																																																																																																																																																																																																																																																																																																			
N.I.P.V.				2	N.I.P.V.			2	N.I.P.V.			2																																																																																																																																																																																																																																																																																																			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO 2 (SKIP TO 510) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO 2 (SKIP TO 510) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO 2 (SKIP TO 510) DON'T KNOW 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases ?	YES 1 NO 2 (SKIP TO 516) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 516) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 516) DON'T KNOW 8
509	Has (name) had any of the following injections/vaccines			
		LAST BIRTH YES NO DK BCG → AT BIRTH TRIPLE 1 } POLIO 1 } AT 2 MONTHS HEPATITIS B1 } TRIPLE 2 } POLIO 2 } AT 4 MONTHS HEPATITIS B2 } TRIPLE 3 } POLIO 3 } AT 6 MONTHS HEPATITIS B3 } MEASLES } VITAMIN A (DOSE 1) } AT 9 MONTHS JE 1 → AGE AT 1 YEAR JE 2 → 1 - 4 WEEKS AFTER JE1 TRIPLE 4 } POLIO 4 } AT 18 MONTHS VITAMIN A (DOSE 2) } JE 3 → 1 YEAR AFTER JE2 MEASLES RUBELLA (MR) AT YEAR 3 OTHER (SPECIFY) N.I.P.V.	NEXT-TO-LAST BIRTH YES NO DK BCG TR1 P01 HEB1 TR2 P02 HEB2 TR3 P03 HEB3 MEA VITA1 JE 1 JE 2 TR4 P04 VITA2 JE 3 MR OTH N. I. P. V	SECOND-FROM-LAST BIRTH YES NO DK BCG TR1 P01 HEB1 TR2 P02 HEB2 TR3 P03 HEB3 MEA VITA1 JE 1 JE 2 TR4 P04 VITA2 JE 3 MR OTH N. I. P. V

N.I.P.V. - National Immunization Programme Vaccination

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510	At which national immunization day campaigns did (NAME) receive vaccinations during the last 5 years? If not received from campaigns record 6 (NO) RECORD ALL CAMPAIGNS MENTIONED	2005 1 2004 2 2003 3 2002 4 2001 5 NO 6 DON'T KNOW 8	2005 1 2004 2 2003 3 2002 4 2001 5 NO 6 DON'T KNOW 8	2005 1 2004 2 2003 3 2002 4 2001 5 NO 6 DON'T KNOW 8
511	RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD. IF VACCINATION CARD NOT AVAILABLE SKIP TO 516	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT RECORD IN 9.998 THE CARD	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT RECORD IN 9.998 THE CARD	KG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT RECORD IN 9.998 THE CARD
516	In the last seven days, did (NAME) take syrup with iron ?	YES 1 NO 2 DON'T KNOW ... 8	YES 1 NO 2 DON'T KNOW ... 8	YES 1 NO 2 DON'T KNOW ... 8
517	Has (NAME) taken any drug for intestinal worms in the past six months?	YES 1 NO 2 DON'T KNOW ... 8	YES 1 NO 2 DON'T KNOW ... 8	YES 1 NO 2 DON'T KNOW ... 8
518	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW ... 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW ... 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW ... 8
519	Was she/he had watery diarrhea or blood and mucus in stools ?	WATERY DIARRHEA 1 BLOOD AND MUSCUS IN TOOLS 2 BOTH 3 DON'T KNOW 8	WATERY DIARRHEA 1 BLOOD AND MUSCUS IN TOOLS 2 BOTH 3 DON'T KNOW 8	WATERY DIARRHEA 1 BLOOD AND MUSCUS IN TOOLS 2 BOTH 3 DON'T KNOW 8
520	When (name) had diareihoea was he/she breast feed less them usual, about the same amount or more than usual ? IF CHILD STOP BREAST FEEDING LONG AGO CIRCLE '1'	STOP BREAST FEEDING LONG AGO 1 NOT GIVEN 2 MUCH LESS 3 SOME WHAT LESS 4 ABOUT THE SAME ... 5 MORE 6 DON'T KNOW 8	STOP BREAST FEEDING LONG AGO 1 NOT GIVEN 2 MUCH LESS 3 SOME WHAT LESS ... 4 ABOUT THE SAME ... 5 MORE 6 DON'T KNOW 8	STOP BREAST FEEDING LONG AGO 1 NOT GIVEN 2 MUCH LESS 3 SOME WHAT LESS ... 4 ABOUT THE SAME ... 5 MORE 6 DON'T KNOW 8
520A	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	NEVER GIVE LIQUID 1 NOTHING TO DRINK 2 MUCH LESS 3 SOMEWHAT LESS 4 ABOUT THE SAME 5 MORE 6 DON'T KNOW 8	NEVER GIVE LIQUID 1 NOTHING TO DRINK 2 MUCH LESS 3 SOMEWHAT LESS 4 ABOUT THE SAME 5 MORE 6 DON'T KNOW 8	NEVER GIVE LIQUID 1 NOTHING TO DRINK 2 MUCH LESS 3 SOMEWHAT LESS 4 ABOUT THE SAME 5 MORE 6 DON'T KNOW 8
521	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	NEVER GAVE FOOD 1 STOPPED FOOD 2 MUCH LESS 3 SOMEWHAT LESS 4 ABOUT THE SAME 5 MORE 6 DON'T KNOW 8	NEVER GAVE FOOD 1 STOPPED FOOD 2 MUCH LESS 3 SOMEWHAT LESS 4 ABOUT THE SAME 5 MORE 6 DON'T KNOW 8	NEVER GAVE FOOD 1 STOPPED FOOD 2 MUCH LESS 3 SOMEWHAT LESS 4 ABOUT THE SAME 5 MORE 6 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
522	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 527) ←	YES 1 NO 2 (SKIP TO 527) ←	YES 1 NO 2 (SKIP TO 527) ←
523	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR MOH CLINIC A GOVT. HOSPITAL/ CLINIC B MOBILE CLINIC ... C PUBLIC HEALTH MIDWIFE D OTHER GOVT E (SPECIFY) PRIVATE SECTOR PVT. HOSPITAL/ CLINIC F PHARMACY G PVT DOCTOR H MOBILE CLINIC ... I OTHER PRIVATE ... J (SPECIFY) OTHER SOURCE GROCERY K	PUBLIC SECTOR MOH CLINIC A GOVT. HOSPITAL/ CLINIC B MOBILE CLINIC ... C PUBLIC HEALTH MIDWIFE D OTHER GOVT E (SPECIFY) PRIVATE SECTOR PVT. HOSPITAL/ CLINIC F PHARMACY G PVT DOCTOR ... H MOBILE CLINIC ... I OTHER PRIVATE ... J (SPECIFY) OTHER SOURCE GROCERY K	PUBLIC SECTOR MOH CLINIC A GOVT. HOSPITAL/ CLINIC B MOBILE CLINIC ... C PUBLIC HEALTH MIDWIFE D OTHER GOVT E (SPECIFY) PRIVATE SECTOR PVT. HOSPITAL/ CLINIC F PHARMACY G PVT DOCTOR H MOBILE CLINIC ... I OTHER PRIVATE ... J (SPECIFY) OTHER SOURCE GROCERY K
524	CHECK 523:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 526) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 526) ←	TWO OR ONLY <input type="checkbox"/> s ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 526) ←
525	Where did you first seek advice or treatment? USE LETTER CODE FROM 523.	PLACE / PERSON <input type="checkbox"/>	PLACE / PERSON <input type="checkbox"/>	PLACE / PERSON <input type="checkbox"/>
526	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
527	Does (NAME) still have diarrhea?	YES 1 NO 2 DON'T KNOW ... 8	YES 1 NO 2 DON'T KNOW ... 8	YES 1 NO 2 DON'T KNOW ... 8
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a A fluid made from a special packet called (JEEWANI) b A Health officers-recommended homemade fluid?	YES NO DK 1 2 8 1 2 8	YES NO DK 1 2 8 1 2 8	YES NO DK 1 2 8 1 2 8
529	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
530	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	CAPSULES/PILL OR SYRUP A INJECTION B MEDICINE WITH SALINE C HOME REMEDY/ ... D HERBAL MEDICINE OTHER _____ X (SPECIFY)	CAPSULES/PILL OR SYRUP A INJECTION B MEDICINE WITH SALINE C HOME REMEDY D HERBAL MEDICINE OTHER _____ X (SPECIFY)	CAPSULES/PILL OR SYRUP A INJECTION B MEDICINE WITH SALINE C HOME REMEDY D HERBAL MEDICINE OTHER _____ X (SPECIFY)
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8
537	CHECK 533: (NAME) HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 549)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 549)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 549)
537A	When (name) had fever was he/she breast feed less than usual, about the same amount or more than usual ? IF CHILD STOP BREAST FEEDING LONG AGO CIRCLE '1'	STOP BREAST FEEDING LONG AGO 1 NOT GIVEN 2 MUCH LESS 3 SOMEWHAT LESS ... 4 ABOUT THE SAME ... 5 MORE 6 DON'T KNOW 7	STOP BREAST FEEDING LONG AGO 1 NOT GIVEN 2 MUCH LESS 3 SOMEWHAT LESS ... 4 ABOUT THE SAME ... 5 MORE 6 DON'T KNOW 7	STOP BREAST FEEDING LONG AGO 1 NOT GIVEN 2 MUCH LESS 3 SOMEWHAT LESS ... 4 ABOUT THE SAME ... 5 MORE 6 DON'T KNOW 7
538	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	NEVER GIVE LIQUID 1 NOTHING TO DRINK 2 MUCH LESS 3 SOMEWHAT LESS 4 ABOUT THE SAME 5 MORE 6 DON'T KNOW 7	NEVER GIVE LIQUID 1 NOTHING TO DRINK 2 MUCH LESS 3 SOMEWHAT LESS 4 ABOUT THE SAME 5 MORE 6 DON'T KNOW 7	NEVER GIVE LIQUID 1 NOTHING TO DRINK 2 MUCH LESS 3 SOMEWHAT LESS 4 ABOUT THE SAME 5 MORE 6 DON'T KNOW 7

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	NEVER GAVE FOOD 1 STOPPED FOOD 2 MUCH LESS 3 SOMEWHAT LESS 4 ABOUT THE SAME 5 MORE 6 DON'T KNOW 7	NEVER GAVE FOOD 1 STOPPED FOOD 2 MUCH LESS 3 SOMEWHAT LESS 4 ABOUT THE SAME 5 MORE 6 DON'T KNOW 7	NEVER GAVE FOOD 1 STOPPED FOOD 2 MUCH LESS 3 SOMEWHAT LESS 4 ABOUT THE SAME 5 MORE 6 DON'T KNOW 7
540	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 547A) ←	YES 1 NO 2 (SKIP TO 547A) ←	YES 1 NO 2 (SKIP TO 547A) ←
541	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR MOH CLINIC A GOVT. HOSPITAL/ CLINIC B MOBILE CLINIC ... C PUBLIC HEALTH MIDWIFE D OTHER GOVT E PRIVATE SECTOR PVT. HOSPITAL/ CLINIC F PHARMACY G PVT DOCTOR H MOBILE CLINIC ... I OTHER PRIVATE ... J (SPECIFY) OTHER SOURCE GROCERY K	PUBLIC SECTOR MOH CLINIC A GOVT. HOSPITAL/ CLINIC B MOBILE CLINIC ... C PUBLIC HEALTH MIDWIFE D OTHER GOVT. E PRIVATE SECTOR PVT. HOSPITAL/ CLINIC F PHARMACY G PVT DOCTOR H MOBILE CLINIC ... I OTHER PRIVATE ... J (SPECIFY) OTHER SOURCE GROCERY K	PUBLIC SECTOR MOH CLINIC A GOVT. HOSPITAL/ CLINIC B MOBILE CLINIC ... C PUBLIC HEALTH MIDWIFE D OTHER GOVT. E PRIVATE SECTOR PVT. HOSPITAL/ CLINIC F PHARMACY G PVT DOCTOR H MOBILE CLINIC ... I OTHER PRIVATE ... J (SPECIFY) OTHER SOURCE GROCERY K
542	CHECK 541:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 544) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 544) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 544) ←
543	Where did you first seek advice or treatment? USE LETTER CODE FROM 541.	FIRST PLACE / PERSON <input type="checkbox"/>	FIRST PLACE / PERSON <input type="checkbox"/>	FIRST PLACE / PERSON <input type="checkbox"/>
544	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
545	During the illness was (name)'s blood sample taken for malaria ?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
546	At any time during the illness, did name take any during for the illness?	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547A) ← DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547A) ← DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547A) ← DON'T KNOW 8
547	What drug did (name) take ? RECORD ALL MENTIONED.	ANTIMALARIAL A DRUGS ANTIBIOTIC DRUGS ... B OTHER DRUGS X DON'T KNOW Z	ANTIMALARIAL A DRUGS ANTIBIOTIC DRUGS ... B OTHER DRUGS X DON'T KNOW Z	ANTIMALARIAL A DRUGS ANTIBIOTIC DRUGS ... B OTHER DRUGS X DON'T KNOW Z
547A	Is (NAME) still sick with a (fever/cough)? RECORD ALL MENTIONED.	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8
548		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 549.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 549.	GO TO 503 IN NEXT-TO- LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 549.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
549	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2001 OR LATER LIVING WITH THE RESPONDENT		
	ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		552
550	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools? CIRCLE THE RELEVANT CODE	CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER 96 (SPECIFY)	
551	CHECK 528(a). IF NO CIRCLE, OR CIRCLE '2' OR '8' <input type="checkbox"/> IF CIRCLE '1' <input type="checkbox"/>		553
552	Have you ever heard of a special product called jeewani a pre-packaged ORS liquid you can get for the treatment of diarrhea?	YES 1 NO 2	
553	CHECK 215 AND 218, ALL ROWS: HAS AT LEAST ONE CHILD BORN IN 2003 OR LATER AND LIVING WITH HER <input type="checkbox"/> DOES NOT HAVE ANY CHILDREN BORN IN 2003 OR LATER AND LIVING WITH HER <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 554) _____ (NAME)		611
554	Now I would like to ask you about liquids or foods (NAME FROM 553) had yesterday during the day or at night. Did (NAME FROM 553) (drink/eat): Plain water? Commercially produced infant formula? Infusion Sugar salt water solution ORS Liquid Any baby cereal Any (other) porridge or gruel?	YES NO DK PLAIN WATER 1 2 8 FORMULA 1 2 8 INFUSION 1 2 8 SUGAR SALT WATER 1 2 8 ORS LIQUID 1 2 8 BABY CEREAL 1 2 8 OTHER PORRIDGE/GRUEL.. 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																																																								
555	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 553) or you may have had yesterday during the day or at night. I am interested in whether your child or you had the item even if it was combined with other foods.</p> <p>Did (NAME FROM 553)/you drink (eat):</p> <p>a. Milk such as tinned, powdered, or fresh animal milk?</p> <p>b. Tea or coffee?</p> <p>c. Sugary drinks such as sodas or fruit juices?</p> <p>d. Any other liquids?</p> <p>e. Bread, rice, noodles, or other foods made from grains?</p> <p>f. Pumpkin, carrots, squash or that are yellow or orange inside?</p> <p>g. White potatoes, sweet potatoes, white yams, manioc, cassava, or any other foods made from roots?</p> <p>h. Any dark green, leafy vegetables?</p> <p>i. Ripe mangoes, papayas or Mandarin</p> <p>j. Any other fruits or vegetables?</p> <p>k. Liver</p> <p>l. Beef, pork, goat.</p> <p>m. Chicken.</p> <p>n. Eggs?</p> <p>oi. Fresh fish, prawns, lobster, cuttle fish</p> <p>oii. Dried fish, sprats etc.</p> <p>p. Beans, peas, green beans, gram, dhall, lentils or any foods made from these? (like soya meat)</p> <p>q. Any nuts?</p> <p>r. Cheese, yogurt or other milk products?</p> <p>s. Any oil, fats, or butter, or foods made with any of these?</p> <p>t. Any sugary foods such as chocolates, sweets, toffies cakes, or biscuits?</p> <p>u. Any other solid or semi-solid food?</p>	<table border="1"> <thead> <tr> <th></th><th colspan="3">CHILD</th><th colspan="3">MOTHER</th></tr> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>h</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>i</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>j</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>k</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>l</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>m</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>n</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>oi</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>oii</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>p</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>q</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>r</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>s</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>t</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>u</td><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td></tr> </tbody> </table>		CHILD			MOTHER				YES	NO	DK	YES	NO	DK	a	1	2	8	1	2	8	b	1	2	8	1	2	8	c	1	2	8	1	2	8	d	1	2	8	1	2	8	e	1	2	8	1	2	8	f	1	2	8	1	2	8	g	1	2	8	1	2	8	h	1	2	8	1	2	8	i	1	2	8	1	2	8	j	1	2	8	1	2	8	k	1	2	8	1	2	8	l	1	2	8	1	2	8	m	1	2	8	1	2	8	n	1	2	8	1	2	8	oi	1	2	8	1	2	8	oii	1	2	8	1	2	8	p	1	2	8	1	2	8	q	1	2	8	1	2	8	r	1	2	8	1	2	8	s	1	2	8	1	2	8	t	1	2	8	1	2	8	u	1	2	8				
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556	<p>CHECK 554 (LAST 2 CATEGORIES) AND 555 (CATEGORIES e THROUGH u FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p> <p>NOT A SINGLE "YES" <input type="checkbox"/> → 611</p>																																																																																																																																																																										
557	<p>How many times did (NAME FROM 553) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>																																																																																																																																																																									

SECTION 6 - SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
611	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.										
612	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>Did you have first sexual intercourse for the very first time with your first husband/partner ? If so circle '95'</p> <p>If no How old were you when you had sexual intercourse for the very first time with another person ?</p>	<p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95</p> <p>AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									
615	The <u>first</u> time you had sexual intercourse, was a condom used?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>									
616	How old was the person you first had sexual intercourse with?	<p>AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 98</p>			→ 619						
617	Was this person older than you, younger than you, or about the same age as you?	<p>OLDER 1</p> <p>YOUNGER 2</p> <p>ABOUT THE SAME AGE 3</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	→ 619								
618	Would you say this person was ten or more years older than you or less than ten years older than you?	<p>TEN OR MORE YEARS OLDER 1</p> <p>LESS THAN TEN YEARS OLDER ... 2</p> <p>OLDER, UNSURE HOW MUCH 3</p>									
619	<p>When was the last time you had sexual intercourse?</p> <p>IT TO DAY CIRCLE '1' AND RECORD '00'</p> <p>IF LESS THAN 7 DAYS CIRCLE '1' AND RECORD NO. OF DAYS</p> <p>IF MORE THAN OR EQUAL 7 DAYS (UP TO 27 DAYS) CIRCLE 2 AND RECORD NO. OF WEEKS</p> <p>IF MORE THAN OR EQUAL 4 WEEKS CIRCLE 3 AND RECORD NO. OF MONTHS.</p> <p>IF MORE THAN ONE MONTH RECORD NO. OF COMPLETED MONTHS.</p> <p>_____ (DATE, IF GIVEN)</p>	<p>DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									
620	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 98</p>									
621	Do you know of a place where a person can get condoms?	<p>YES 1</p> <p>NO 2</p>	→ 701								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
622	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. CLINIC (FIELD) B</p> <p>FAMILY HEALTH BUREAU C</p> <p>MOBILE CLINIC D</p> <p>PUBLIC HEALTH MIDWIFE E</p> <p>HEALTH VOLUNTEER F</p> <p>OTHER PUBLIC G</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL H</p> <p>PRIVATE DOCTOR I</p> <p>PHARMACY J</p> <p>OTHER PRIVATE K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>GROCERY L</p> <p>FRIEND/RELATIVE M</p> <p>OTHER PRIVATE N</p> <p>(SPECIFY)</p>	
623	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 7 - FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> ↓ HE OR SHE STERILIZED <input type="checkbox"/>		→ 712
702	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? PREGNANT <input type="checkbox"/> ↓ Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW: AND PREGNANT 4 AND NOT PREGNANT OR UNSURE 5	→704 →712 →709 →708
703	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ How long would you like to wait from now before the birth of (a/another) child? Would you like to have a child now. PREGNANT <input type="checkbox"/> ↓ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998	→708
704	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ PREGNANT <input type="checkbox"/>		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> ↓ NOT CURRENTLY USING <input type="checkbox"/> ↓ CURRENTLY USING <input type="checkbox"/>		→ 712
706	CHECK 703: NOT ASKED <input type="checkbox"/> ↓ 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> ↓ 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> </div> </div> <p style="text-align: center;">RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX A</p> <p>INFREQUENT SEX B</p> <p>MENOPAUSAL/HYSTERECTOMY C</p> <p>SUBFECUND/INFECUND D</p> <p>POSTPARTUM AMENORRHEIC E</p> <p>BREASTFEEDING F</p> <p>FATALISTIC G</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED H</p> <p>HUSBAND/PARTNER OPPOSED I</p> <p>OTHERS OPPOSED J</p> <p>RELIGIOUS PROHIBITION K</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD L</p> <p>KNOWS NO SOURCE M</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS N</p> <p>FEAR OF SIDE EFFECTS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>INCONVENIENT TO USE R</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES S</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> </div>		→ 712
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 711
710	<p>Which contraceptive method would you prefer to use?</p> <p>CIRCLE THE RELEVANT CODE</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>LACTATIONAL AMEN. METHOD 09</p> <p>RHYTHM METHOD 10</p> <p>WITHDRAWAL 11</p> <p>OTHER 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>UNSURE 98</p>	→ 712

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	<p>What is the main reason that you think you will not use a contraceptive method at any time in the future?</p> <p>CIRCLE THE MAIN RELEVANT CODE</p>	<p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX/NO SEX 21</p> <p>MENOPAUSAL/HYSTERECTOMY ... 22</p> <p>SUBFECUND/INFECUND 23</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE 24</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 31</p> <p>HUSBAND/PARTNER OPPOSED ... 32</p> <p>OTHERS OPPOSED 33</p> <p>RELIGIOUS PROHIBITION 34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD 41</p> <p>KNOWS NO SOURCE 42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS 51</p> <p>FEAR OF SIDE EFFECTS 52</p> <p>LACK OF ACCESS/TOO FAR ... 53</p> <p>COSTS TOO MUCH 54</p> <p>INCONVENIENT TO USE 55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES 56</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→712</p>
712	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→714</p> <p>→714</p>
713	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
714	<p>In the last few months have you heard about family planning:</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p>	<p>YES NO</p> <p>RADIO 1 2</p> <p>TELEVISION 1 2</p> <p>NEWSPAPER OR MAGAZINE ... 1 2</p>	
715	<p>CHECK 114:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>YES, LIVING WITH A MAN <input type="checkbox"/></p> <p>NO, NOT IN UNION/HUSBAND DEAD <input type="checkbox"/></p>		<p>→ 801</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	<p>CHECK 311/311A:</p> <p>NEITHER CODE B, G, NOR K CIRCLED, BUT SOME OTHER CODE(S) <input type="checkbox"/> CIRCLED ↓</p> <p>CODE B, G, OR K CIRCLED <input type="checkbox"/> → 718</p> <p>NO CODE CIRCLED <input type="checkbox"/> → 719</p>		
717	Does your husband/partner know that you are using a method of family planning?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
718	<p>CHECK 311/311A:</p> <p>NEITHER <input type="checkbox"/> CIRCLED ↓</p> <p>HE OR SHE CIRCLED <input type="checkbox"/> → 801</p>		
719	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	<p>SAME NUMBER 1</p> <p>MORE CHILDREN 2</p> <p>FEWER CHILDREN 3</p> <p>DON'T KNOW 8</p>	

SECTION 8 - HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 114 AND 115: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/>		803
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	YES 1 NO 2	806
804	What was the highest level of school he attended: primary, secondary, higher or degree CIRCLE RELEVANT CODE CHECK COLUMN 14 IN SECTION A IF 'DON'T KNOW' FOR THE COLUMN 13 OR 14 IN SECTION A PROBE AGAIN & CIRCLE THE RELEVANT CODE.	PRIMARY (GRADE 1-5) 1 SECONDARY (GRADE 6-10) 2 HIGHER 3 PASSED G.C.E. (O/L) PASSED GRADE 12 PASSED G.C.E. (A/L) DEGREE AND ABOVE 4 DON'T KNOW (19) OR PRE-SCHOOL (88) 8	806 806
805	What was the highest (grade/form/year) he completed at that level? CHECK COLUMN 14 IN SECTION A & RECORD RELEVANT GRADE	GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What is your husband's/ partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES 1 NO 2	811
810	Have you done any work in the last 12 months?	YES 1 NO 2	818
811	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	
812	CHECK 811: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		814

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	→ 815
814	Do you do this work for a member of your family, for someone else(private sector), government or are you self-employed?	FOR FAMILY MEMBER 1 PRIVET SECTOR/GOVERNMENT 2 SELF-EMPLOYED 3	
815	Do you usually work at home or away from home?	HOME 1 AWAY 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
817	Are you paid or receive income in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
818	CHECK 114: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 827
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> CODE 3 OR 4 IN 817 OR CODE 2 IN 810 <input type="checkbox"/>		→ 822
820	Who decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6	
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 DON'T KNOW 8	
822	Who decides how your husband's/partner's earnings will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6	
823	Who usually makes decisions about health care for yourself: mainly you, mainly your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 1 2 3 4	
824	Who usually makes decisions about making major household purchases?	1 2 3 4	
825	Who usually makes decisions about making purchases for daily household needs?	1 2 3 4	
826	Who usually makes decisions about visits to your family or relatives?	1 2 3 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
827	Presence of others at this point (present and listening, present but not listening, or not present)	<div>PRES./ LISTEN. PRES./ NOT LISTEN. NOT PRES.</div> <div>CHILDREN < 10 1 2 3</div> <div>HUSBAND 1 2 3</div> <div>OTHER MALES 1 2 3</div> <div>OTHER FEMALES 1 2 3</div>				
828	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	<div>YES NO DK</div> <div>GOES OUT 1 2 8</div> <div>NEGL. CHILDREN 1 2 8</div> <div>ARGUES 1 2 8</div> <div>REFUSES SEX 1 2 8</div> <div>BURNS FOOD 1 2 8</div>				

SECTION 9 - HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 942																
902	Can people reduce their chance of getting the HIV virus by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8																	
903	Can people reduce their chances of getting the HIV virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8																	
904	Can people reduce their chances of getting the HIV virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
905	Can people get the HIV virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people get the HIV virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
907	Can people get the HIV virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
908	Do you think whether person can get HIV virus from an infected blood transfusion ?	YES 1 NO 2 DON'T KNOW 8																	
909	Do you think whether person can get HIV virus by getting injections with a needle without sterilized that has been already used by someone else who is infected with the HIV ?	YES 1 NO 2 DON'T KNOW 8																	
910	Is it possible for a healthy-looking person to have the HIV virus?	YES 1 NO 2 DON'T KNOW 8																	
911	Can the virus that causes HIV be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREGNANCY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREGNANCY	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREGNANCY	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																
912	CHECK 911: AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 914																
913	Is there any special drug that a doctor can give to a woman infected with the HIV virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
914	Have you heard about special antiretroviral drugs that people infected with the HIV virus can get from a doctor to help them live longer?	YES 1 NO 2 DON'T KNOW 8																	
929	Do you know any blood test that can get tested for HIV virus ?	YES 1 NO 2																	
929A	Do you know of a place where people can go to get tested for the HIV virus?	YES 1 NO 2	→ 931																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
930	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL/CLINIC A</p> <p>MOH CLINIC B</p> <p>FAMILY PLANNING CLINIC C</p> <p>STD CLINIC D</p> <p>MOBILE CLINIC E</p> <p>OTHER PUBLIC F</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>SPECIALIST G</p> <p>PRIVATE DOCTOR (DISPENSARY) H</p> <p>PRIVATE HOSPITAL/CLINIC I</p> <p>PHARMACY/GROCERY J</p> <p>MOBILE CLINIC K</p> <p>OTHER PRIVATE L</p> <p>_____ (SPECIFY)</p>	
931	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the HIV virus?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
932	If a member of your family got infected with the HIV virus, would you want it to remain a secret or not?	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE 8</p>	
933	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE 8</p>	
934	In your opinion, if a teacher has the HIV virus but is not sick, should he/she be allowed to continue teaching in the school?	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DON'T KNOW/NOT SURE 8</p>	
942	<p>CHECK 901:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>	
944	<p>CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/> → 946</p>		
945	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
946	<p>Sometimes women experience a bad smelling abnormal genital discharge.</p> <p>During the last 12 months, have you had a bad smelling abnormal genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
947	<p>Sometimes women have a genital sore or ulcer.</p> <p>During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
948	<p>CHECK 945, 946, AND 947:</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> → 951</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
949	The last time you had (PROBLEM FROM 945/946/947), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 951
950	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC A MOH CLINIC B FAMILY PLANNING CLINIC C STD CLINIC D MOBILE CLINIC E OTHER PUBLIC F _____ (SPECIFY) PRIVATE SECTOR SPECIALIST G PRIVATE DOCTOR (DISPENSARY) H PRIVATE HOSPITAL/CLINIC I PHARMACY/GROCERY J MOBILE CLINIC K OTHER PRIVATE L _____ (SPECIFY)	

SECTION 10 - OTHER HEALTH ISSUES

1001 DOES ANY MEMBER USUALLY LIVE IN THE HOUSEHOLD
INCLUDING FAMILY MEMBERS SMOKE, CONSUME ALCOHOL,
TAKE DRUGS REGULARLY ?

YES ☐ → COMPLETE QUES. NO. 1001

NO ☐ → GO TO QUES. NO. 1002

[illegible]

Taking drugs D				Consuming Alcohol E			
<p>Takes .. 1 Takes</p> <p>Does .. 2 One day per</p> <p>not week 2</p> <p>take Few days per</p> <p>drugs weeks 3</p> <p>go to E ← Few days per</p> <p>month 4</p> <p>RECORD Occasionally .. 5</p> <p>RELEVANT Not known .. 9</p> <p>CODE</p>	<p>Daily 1</p> <p>One day per</p> <p>week 2</p> <p>Few days per</p> <p>weeks 3</p> <p>Few days per</p> <p>month 4</p> <p>Occasionally .. 5</p> <p>Not known .. 9</p> <p>RECORD</p> <p>RELEVANT</p> <p>CODE</p>	<p>How old</p> <p>were you</p> <p>when</p> <p>started</p> <p>taking drugs ?</p> <p>IF DOES NOT</p> <p>KNOW RECORD</p> <p>'99'</p>	<p>What type of</p> <p>drugs mostly</p> <p>takes ?</p> <p>Heroin 1</p> <p>Cocaine 2</p> <p>Marjuwana .. 3</p> <p>Drug</p> <p>toffee 4</p> <p>Other 5</p> <p>..... 9</p> <p>RECORD</p> <p>RELEVANT</p> <p>CODE</p>	<p>Consumes 1 Consumes</p> <p>Alcohol Alcohol</p> <p>Does 2 Daily 1</p> <p>not One day per</p> <p>consumes week 2</p> <p>alcohol Few days per</p> <p>go to next weeks 3</p> <p>person ← month 4</p> <p>IF NO MORE Occasionally .. 5</p> <p>PERSONS Not known ... 9</p> <p>GO TO 1002 RECORD</p> <p>RELEVANT</p> <p>CODE</p>	<p>Consumes 1 Consumes</p> <p>Alcohol Alcohol</p> <p>Does 2 Daily 1</p> <p>not One day per</p> <p>consumes week 2</p> <p>alcohol Few days per</p> <p>go to next weeks 3</p> <p>person ← month 4</p> <p>IF NO MORE Occasionally .. 5</p> <p>PERSONS Not known ... 9</p> <p>GO TO 1002 RECORD</p> <p>RELEVANT</p> <p>CODE</p>	<p>How old</p> <p>were you</p> <p>when</p> <p>started</p> <p>consuming</p> <p>alcohol ?</p> <p>If does</p> <p>not know</p> <p>record ... 99</p>	<p>What type of</p> <p>alcohol mostly</p> <p>consumes ?</p> <p>Whisky/</p> <p>Brandy .. 1</p> <p>Arack 2</p> <p>(standard)</p> <p>Beer 3</p> <p>Toddy (coconut/</p> <p>kithul) 4</p> <p>Kasippu 5</p> <p>Pradeepa/</p> <p>wine sprit 6</p> <p>Other 7</p> <p>Not known .. 9</p> <p>RECORD</p> <p>RELEVANT</p> <p>CODE</p>
D1	D2	D3	D4	E1	E2	E3	E4
		<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>				<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
1002	<p>What is your most preferred source of information on health ? RECORD ALL MENTIONED IN THE BOXES</p> <p>Health Personnel DOCTOR (WESTERN) A SPECIALIST (WESTERN) B DOCTOR (AYURVEDIC) C PUBLIC HEALTH MIDWIFE D OTHER X (SPECIFY) _____</p> <p>Place MOH CLINIC A GOVT. HOSPITAL/CLINIC B PRIVATE HOSPITAL/DISPENSARY C PRIVATE HOSPITAL D AYURVEDIC HOSPITAL/DISPENSARY E OTHER X (SPECIFY) _____</p> <p>Mass Media NEWS PAPER A MAGAZINE B REDIO C TELEVISION D OTHER (SPECIFY) X</p>	<table border="1"> <thead> <tr> <th>HEALTH PERSONAL</th><th>PLACE</th><th>MASS MEDIA</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>	HEALTH PERSONAL	PLACE	MASS MEDIA																			
HEALTH PERSONAL	PLACE	MASS MEDIA																						
1003	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 1007</p>																						
1004	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 1007</p>																						
1005	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR MOH CLINIC 11 GOVT. HOSPITAL/CLINIC 12 OTHER PUBLIC 13 (SPECIFY) _____</p> <p>PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE DOCTOR 22 DENTAL SURGORY 23 PHARMACY 24 OTHER PRIVATE 25 (SPECIFY) _____</p>																						
1006	<p>Did the person who gave you that injection take the syringe and needle from a new, unopened package?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1007	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2 → 1011	
1008	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X (SPECIFY) DON'T KNOW Z	
1009	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
1010	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1011	Do you know about common cancers that can occur among females ? If yes,	YES 1 NO 2 → 1013	
1012	What are the common cancers you have heard of ? PROBE TO IDENTIFY ALL ANSWERS. CIRCLE ALL MENTIONED.	BREAST CANCER A CERVICAL CANCER B CANSE OF WOMB C ORAL CANCER D ANY OTHER X (SPECIFY) DON'T KNOW Z → 1016	
1013	Do you know about a test that can detect cervical cancer before it occurs ?	YES 1 NO 2 → 1016	
1014	What is the name of the test ?	PAP SMEAR (CERVICAL SMEAR) 1 DON'T KNOW 2 → 1016	
1015	Have you ever undergone pap smear test ?	YES 1 NO 2	
1016	Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?		
	Getting permission to go?	PERMISSION TO GO	BIG PROB-LEM 1 NOT A BIG PROB-LEM 2
	Getting money needed for treatment?	GETTING MONEY	BIG PROB-LEM 1 NOT A BIG PROB-LEM 2
	The distance to the health facility?	DISTANCE	BIG PROB-LEM 1 NOT A BIG PROB-LEM 2
	Having to take transport?	TAKING TRANSPORT	BIG PROB-LEM 1 NOT A BIG PROB-LEM 2
	Not wanting to go alone?	GO ALONE	BIG PROB-LEM 1 NOT A BIG PROB-LEM 2
	Concern that there may not be a female health provider?	NO FEMALE PROVIDER	BIG PROB-LEM 1 NOT A BIG PROB-LEM 2
	Concern that there may not be any health provider?	NO HEALTH PROVIDER	BIG PROB-LEM 1 NOT A BIG PROB-LEM 2
	Concern that there may be no drugs available?	NO DRUGS	BIG PROB-LEM 1 NOT A BIG PROB-LEM 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
1017	Are you covered by any health insurance?	YES 1 NO 2 → 1019									
1018	What type of health insurance? RECORD ALL MENTIONED.	PERSONAL HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER X (SPECIFY) DON'T KNOW Z									
1019	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

Thank to the respondent and end the interview.

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN.

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

B BIRTHS
P PREGNANCIES
T TERMINATIONS

0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 PILL
4 IUD
5 INJECTABLES
6 NORPLANTS
7 CONDOM
8 FEMALE CONDOM
9 LACTATIONAL AMENORRHEA METHOD (LAM)
J RHYTHM METHOD
K WITHDRAWAL
X OTHER

(SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

1 GOVT. HOSPITAL
2 GOVT. CLINIC (FIELD)
3 FAMILY HEALTH BUREAU
4 MOBILE CLINIC
5 PUBLIC HEALTH MIDWIFE
6 HEALTH VOLUNTEER
7 OTHER PUBLIC
8 PRIVATE HOSPITAL
9 PRIVATE DOCTOR
J PHARMACY
K OTHER PRIVATE
L GROCERY
M FRIEND/RELATIVE
X OTHER

(SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND/PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 HEALTH CONCERNS
6 SIDE EFFECTS
7 LACK OF ACCESS/TOO FAR
8 COSTS TOO MUCH
9 INCONVENIENT TO USE

F FATALISTIC
D DIFFICULT TO GET PREGNANT/MENOPAUSAL
M MARITAL DISSOLUTION/SEPARATION
X OTHER

(SPECIFY)

Z DON'T KNOW

COL. 4: MARRIAGE/UNION

X IN UNION (MARRIED OR LIVING TOGETHER)
O NOT IN UNION

		NAME:							
		1	2	3	4				
10	OCT	01						01	OCT
09	SEP	02						02	SEP
08	AUG	03						03	AUG
2	07	JUL	04					04	JUL
0	06	JUN	05					05	JUN
0	05	MAY	06					06	MAY
7	04	APR	07					07	APR
	03	MAR	08					08	MAR
	02	FEB	09					09	FEB
	01	JAN	10					10	JAN
12	DEC	11						11	DEC
11	NOV	12						12	NOV
10	OCT	13						13	OCT
09	SEP	14						14	SEP
2	08	AUG	15					15	AUG
0	07	JUL	16					16	JUL
0	06	JUN	17					17	JUN
6	05	MAY	18					18	MAY
	04	APR	19					19	APR
	03	MAR	20					20	MAR
	02	FEB	21					21	FEB
	01	JAN	22					22	JAN
12	DEC	23						23	DEC
11	NOV	24						24	NOV
10	OCT	25						25	OCT
09	SEP	26						26	SEP
2	08	AUG	27					27	AUG
0	07	JUL	28					28	JUL
0	06	JUN	29					29	JUN
5	05	MAY	30					30	MAY
	04	APR	31					31	APR
	03	MAR	32					32	MAR
	02	FEB	33					33	FEB
	01	JAN	34					34	JAN
12	DEC	35						35	DEC
11	NOV	36						36	NOV
10	OCT	37						37	OCT
09	SEP	38						38	SEP
2	08	AUG	39					39	AUG
0	07	JUL	40					40	JUL
0	06	JUN	41					41	JUN
4	05	MAY	42					42	MAY
	04	APR	43					43	APR
	03	MAR	44					44	MAR
	02	FEB	45					45	FEB
	01	JAN	46					46	JAN
12	DEC	47						47	DEC
11	NOV	48						48	NOV
10	OCT	49						49	OCT
09	SEP	50						50	SEP
2	08	AUG	51					51	AUG
0	07	JUL	52					52	JUL
0	06	JUN	53					53	JUN
3	05	MAY	54					54	MAY
	04	APR	55					55	APR
	03	MAR	56					56	MAR
	02	FEB	57					57	FEB
	01	JAN	58					58	JAN
12	DEC	59						59	DEC
11	NOV	60						60	NOV
10	OCT	61						61	OCT
09	SEP	62						62	SEP
2	08	AUG	63					63	AUG
0	07	JUL	64					64	JUL
0	06	JUN	65					65	JUN
2	05	MAY	66					66	MAY
	04	APR	67					67	APR
	03	MAR	68					68	MAR
	02	FEB	69					69	FEB
	01	JAN	70					70	JAN
12	DEC	71						71	DEC
11	NOV	72						72	NOV
10	OCT	73						73	OCT
09	SEP	74						74	SEP
2	08	AUG	75					75	AUG
0	07	JUL	76					76	JUL
0	06	JUN	77					77	JUN
1	05	MAY	78					78	MAY
	04	APR	79					79	APR
	03	MAR	80					80	MAR
	02	FEB	81					81	FEB
	01	JAN	82					82	JAN

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____